

Unannounced Follow Up Care Inspection Report 11 May 2018



Clifton Nursing Home

Type of Service: Nursing Home

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

Tel No: 028 9032 4286

Inspector: Heather Sleator

www.rgia.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

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|--|---|
| Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Mr Gavin O'Hare-Connolly | Registered Manager: Heather Lyttle |
| Person in charge at the time of inspection: Heather Lyttle | Date manager registered: 13 February 2018 |
| 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 11 May 2018 from 10.00 to 14.00 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 DHSSPS Care Standards for Nursing Homes 2015.

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of residents in Clifton Nursing Home.

The following areas were examined during the inspection:

- The use of Clifton Nursing Home to conduct business in respect to another service
- Governance and management arrangements
- Visits by registered provider
- Recruitment and selection of staff
- Registration of staff with their professional bodies

Staff said that they found senior management to be supportive and were aware that monitoring visits took place on a regular basis.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *5 |

*The total number of areas for improvement includes five standards which have been carried forward for review at the next care inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Heather Lyttle, registered manager, 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and written and verbal communication received since the previous care inspection.

The following records were examined during the inspection:

- Three reports of visits by the registered provider
- Three staff files
- Staff registration with professional bodies

During the inspection the inspector met with three staff.

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 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 6 March 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.

6.2 Review of areas for improvement from the last care inspection dated 19 August 2017

| Areas for improvement from the last care inspection | | |
|---|--|--|
| Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 4.9 Stated: First time | The registered person shall ensure that registered nurses report and record in patient care records of the patient's response to planned care. This includes when the patient refuses planned care or treatment. | Carried forward to the next care inspection |
| | 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. | |
| Area for improvement 2 Ref: Standard 35.9 Stated: First time | The registered person shall ensure that the information on any accident or incident report or any other document, which makes reference to a patient, is accurate. | Carried forward to the next care inspection |
| | 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. | |

Areas for Improvement carried over from inspection of 31 July 2017

| | | |
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| Area for improvement 1 Ref: Standard 41 Stated: First time | The registered person shall ensure that staffing arrangements for the home are calculated following the completion of a patient dependency assessment, using a validated assessment tool. | Carried forward to the next care inspection |
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|--|--|--|
| | 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. | |
| Area for improvement 2 Ref: Standard 4 Stated: First 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 regarding the management of hydration. | Carried forward to the next care inspection |
| | 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. | |
| Area for improvement 3 Ref: Standard 4.8 and 4.9 Stated: First time | Action taken as confirmed during the inspection: The registered person shall ensure that the manager and the team of registered nurses clarify expectations regarding the model of nursing in use so as there is no ambiguity regarding this and a consistent approach to care planning is in evidence. | Carried forward to the next care inspection |
| | 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. | |

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 19 August 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Use of premises by unregulated service

The registered manager advised that the premises were not used to conduct business in respect to another service. They were not unaware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

Governance and management arrangements

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager confirmed that they felt supported in their role by senior management.

There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Visits by registered provider

The registered manager confirmed that visits by the registered provider was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Review of the last three reports dated January 2018 to April 2018 evidenced that:

- the visits had been completed by Amanda Leitch, Head of Quality and Governance, Gavin O'Hare – Connolly, Group Operations Director Runwood Homes and Rosemary Dilworth, Operations Director Northern Ireland
- the quality monitoring report for February 2018 was not available, the Operations Director for Northern Ireland agreed to ensure copies of the reports of all quality monitoring visits are available in the home in future
- two of the reports contained the date of visit; the time commenced and the time concluded, the report of March 2018 was stated it was completed on 28 March 2018 from 09.00 to 16.00 hours and 29 March 2018 from 09.00 to 16.00 hours. The monitoring visit and subsequent report should be focused for completion on one day. This was discussed with Rosemary Dilworth, Operations Director for Northern Ireland who agreed to ensure that this was detailed correctly in future reports.
- staff were interviewed as part of the visit
- where areas for improvement were identified; an action plan was developed to address the issues
- areas for improvement previously identified are being addressed
- there is a system in place to escalate areas for concern up through the governance structures within Runwood Homes

Recruitment and selection of staff

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of three staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. We were informed and viewed, a new process in respect of recruitment and selection that had been implemented and it

evidenced that additional areas were explored with candidates and a record maintained; for example, details of current live registration with the Northern Ireland Social Care Council (NISCC). In discussion the registered manager stated that Runwood Homes Ltd has recently revised the online application form and it was felt that it was now a more comprehensive document. The registered manager also stated that a new checklist of questions to be asked and/or confirmed at interview had been introduced.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Areas of good practice

There was evidence of good practice in relation to discussion with patients, staff and patients representatives, recruitment and selection procedures and the monitoring of staff with their professional bodies.

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 areas for improvement identified during this inspection. Areas for improvement identified during the care inspection on 31 July 2017 and 19 August 2017 were not reviewed and are carried forward to the next care inspection.

Quality Improvement Plan

Action required to ensure compliance with DHSSPS Care Standards for Nursing Homes 2015

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|--|--|
| Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: 11 September 2017 | The registered person shall ensure that registered nurses report and record in patient care records of the patient's response to planned care. This includes when the patient refuses planned care or treatment. Ref: 6.2 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. |
| Area for improvement 2 Ref: Standard 35.9 Stated: First time To be completed by: 11 September 2017 | The registered person shall ensure that the information on any accident or incident report or any other document, which makes reference to a patient, is accurate. Ref: 6.2 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. |
| Area for improvement 3 Ref: Standard 41 Stated: First time To be completed by: 11 September 2017 | The registered person shall ensure that staffing arrangements for the home are calculated following the completion of a patient dependency assessment, using a validated assessment tool. Ref: 6.2 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. |
| Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 11 September 2017 | 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. Ref: 6.2 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. |

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| <p>Area for improvement 5</p> <p>Ref: Standard 4.8 and 4.9</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2017</p> | <p>The registered person shall ensure that the manager and the team of registered nurses clarify expectations regarding the model of nursing in use so as there is no ambiguity regarding this and a consistent approach to care planning is in evidence.</p> <p>Ref: 6.2</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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