



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

Inspector: Heather Sleator
Inspection ID: IN021695

Tel: 028 9032 4286
Email: manager.clifton@runwoodhomes.co.uk

**Unannounced Care Inspection
of
Clifton Nursing Home**

11 August 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 unannounced care inspection took place on 11 August 2015 from 09:30 to 18:15.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**
Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 5 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

The details of the Quality Improvement Plan (QIP) within this report were discussed with Stuart Johnston, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Nadarajah Logan Logeswaran	Registered Manager: Stuart Johnstone –registration is pending
Person in Charge of the Home at the Time of Inspection: Stuart Johnstone	Date Manager Registered: Registration pending.
Categories of Care: NH-PH, NH-DE, NH-I	Number of Registered Places: 100
Number of Patients Accommodated on Day of Inspection: 86	Weekly Tariff at Time of Inspection: £593 - £637 per week

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned Quality Improvement Plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 22 patients, six care staff, six registered nurses staff, ancillary staff and two visiting relatives. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- six patients' care records
- Regulation 29 monthly monitoring reports
- quality audits of the services provided by the home
- staff training records
- staff induction records
- competency and capability assessments of the registered nurse in charge of the home in the absence of the manager
- policies for communication, death and dying and palliative and end of life care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced pharmacy inspection dated 19 May 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 5 May 2015

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 25.11 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: The review of audits in respect of the quality of services provided by the home evidenced that remedial action had been taken where shortfalls had been identified. Audits reviewed included; restrictive practice, accidents, infection prevention and control and health and safety.</p>	
Recommendation 2 Ref: Standard 18.6 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Care evaluations in respect of restrictive practice evidenced that the continued need for the restrictive practice was being assessed and monitored.</p>	
Recommendation 3 Ref: Standard 18.2 Stated: First time	<p>Management should implement a system to ensure staff have read the revised policy on restrictive practice.</p>	Met
	<p>Action taken as confirmed during the inspection: Documentary evidence made available indicated that 66 of the 76 nursing and care staff employed had signed to confirm they had read the policy documentation.</p>	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. This policy had recently been introduced to the home by the Northern Ireland Operational Director, John Rafferty. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure. However, management should implement a system to verify staff have read the new policy documentation to ensure consistency of care.

A sampling of training records did not evidence that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training should be arranged and should include the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Nursing care records in Toby Hurst unit, Donegal unit and part of Benn unit are computerised. A review of a sample of care records within the units did not evidence that the breaking of bad news was discussed with patients and/or their representatives with the exception of a section in Benn unit which has written care records (Benn unit is divided into two sections). The other section in Benn and two units have computerised records and there was no facility to discuss patients' end of life wishes within these care records. Section 5.4 provides further information in respect of nursing care records.

There was evidence within the written care records in Benn unit that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised, care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from admission to the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with two visiting relatives. Relatives confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Clifton Nursing Home.

Comments included:

“We are so thankful for the care you gave our”

Areas for Improvement

A management system should be implemented to verify that staff are knowledgeable of the policy documentation in respect of communicating effectively and regional guidelines.

Training for staff in respect of communicating effectively should be arranged.

Nursing care records, whether on computer or written documents, must provide nursing staff with the opportunity to discuss end of life with patients and/or their representatives.

Nursing care records should indicate that end of life wishes have been discussed, as far as possible.

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

A reference manual, which included the management of palliative and end of life care and death and dying, had been made available for staff in Toby Hurst, Donegal and Benn units. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Registered nursing staff consulted were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Staff training records regarding palliative and end of life care were unavailable. The manager was unaware of what training, if any, had taken place apart from stating that five registered nurses had completed training in the use of the McKinley syringe driver. Records were also unavailable to support this training. In discussion, some staff stated they had completed training but were unsure of the dates or had completed the training with another organisation. As this was the theme of the primary inspection, it was of concern that this training had not been undertaken by staff. The record of staff training should be maintained accurately so as to evidence what training had been completed by staff and when. Training in respect of palliative and end of life care for staff should be arranged and recorded in the staff training record when completed.

The review of staff induction training records did not confirm that end of life care was included. It is recommended that this aspect of care should become part of the staff induction training programme.

A review of the competency and capability assessments for registered nurses evidenced that end of life care was included and the assessments had been validated by the previous home manager.

There were identified link nurses in respect of palliative and end of life care at the time of the inspection. However, in discussion, staff confirmed that they had not expressed a particular interest in this area of care or had completed training so as to provide additional support to the staff team. Management should ensure that the identified link nurses complete training in the near future. It was concerning that link nurses had been identified for palliative/end of life care and the nurses were unaware as to why they had been given this area of responsibility.

Discussion with nursing staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, six registered nurses and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with nursing staff confirmed their knowledge of the protocol.

Specialist equipment, for example syringe driver was in not use in the home at the time of inspection.

Is Care Effective? (Quality of Management)

A review of care records and discussion with nursing staff evidenced that patients' needs for palliative and end of life care were assessed and referrals had been made to the specialist palliative care service. However, the outcome from a review of nursing care records was concerning. Nursing care records in Toby Hurst unit, Donegal unit and part of Benn unit are computerised. The system did not afford for a nursing assessment in conjunction with the patient and/or their representative regarding end of life wishes. Where a patient had been referred and assessed by the palliative care team from the Trust, a corresponding plan of care had not been written, with the exception of Benn unit. The recommendations of the palliative care team were retained in a separate file. To ensure a holistic approach to care, including the management of hydration and nutrition, pain management and symptom management, palliative/end of life care plans, should have been developed and care needs monitored and evaluated. A requirement has been made.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying, patients bedrooms are single rooms' and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home. A visitor's room is available in Toby Hurst unit for families to use.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

Is Care Compassionate? (Quality of Care)

Discussion with staff evidenced that patients and/or their representatives had been consulted in respect of their spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included for example, bereavement support and staff meetings.

Areas for Improvement

Training in respect of palliative/end of life care should be provided for staff.

Palliative and end of life care should be included in the induction training programme for nursing and care staff.

Registered nurses who have been identified as the link nurses for palliative/end of life care should undertake training in this area to enable them to provide specialist advice and support to the staff team.

Care plans in respect of palliative/end of life wishes and care must be developed, monitored and evaluated in accordance with the assessed needs of patients. The recommendations of the specialist palliative care team should be reflected in patients' care plans, where applicable.

Number of Requirements:	1	Number of Recommendations:	4
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5.5 Additional Areas Examined

5.5.1. Questionnaires

As part of the inspection process, we issued questionnaires to staff and patients representatives. On this occasion, questionnaires were not given to patients but we observed care practice and spoke to patients on an individual and/or small group basis.

Staff Views

All comments on the four returned staff questionnaires were positive. Staff confirmed patients were afforded privacy dignity and respect at all times.

Comments included:

“I am supported by the palliative care team and dieticians in my role.”

“In my role we provide for families when loved ones are at the end of life providing refreshments at all times of the day.”

“I feel care staff do a good job.”

“Very satisfied with the care given to patients.”

“We as a team work extremely hard to provide a dignified and peaceful environment and I feel this is a positive reflection of our excellent standards.”

Patients' Views

Comments received from patients included:

“I like it here and I like my room.”

“I am happy.”

“Staff are good to me.”

“Staff are helpful.”

Patients' Representatives' Views

Two relatives took the opportunity to meet with the inspector during the inspection. All comments made were very positive regarding care and communication in the home. One relative commented that staff were very attentive and caring. No issues of concern were raised by these relatives. Six questionnaires were completed and returned following the inspection:

Comments received included:

“Good standard of nursing care.”

“The activity team play a vital role and are very much appreciated.”

“Kitchen staff provide a good menu.”

“We are very happy and content with the care taken and given to my mother.”

“Staff are very kind and considerate.”

“Very supportive staff and management.”

“So far the care and support by the team is very good.”

“My relative is very well care for and consistently supported and looked after.”

“I would recommend this home.”

Comments were also received which should be considered and actioned by the management team of the home, and included:

“When bank staff and some with poor command English and understanding are on duty it is difficult for the continuity of care.”

“I appreciate that Clifton Nursing Home has been in a state of transition in terms of new ownership and management and staff turnover. The level of professionalism and training of some staff has been considered less than satisfactory but there are exceptional staff members within the team at various levels.”

“We have lost hope that Clifton Nursing Home and particularly some of the ‘inherited’ staff can embrace change.”

“As a family we believe that there are shortcomings in the management and training of some staff in Clifton.”

5.5.2. Governance and management arrangements

Stuart Johnston was recently appointed in July 2015 as manager of the home and is being supported in his role by John Rafferty, Northern Ireland Operational Director, Runwood Homes. Mr Johnston informed that a deputy manager has also been appointed and is due to commence shortly. Mr Johnston has been diligent in reviewing the quality of services provided by the home as was evidenced by the number and range of quality audits which were available and viewed on inspection. Mr Johnston has also had a series of staff meetings, as a collective team and by job roles, for example; nursing staff and ancillary staff. A relatives' meeting had also been arranged; however, attendance at this meeting was low.

Mr Rafferty visits the home very regularly over several days during the month and Regulation 29 monitoring reports were available. However, for the purposes of Regulation 29 monitoring visits, it is recommended that the report reflects on one visit to the home to monitor the quality of services. In keeping with Regulation 29, The Nursing Homes Regulations (Northern Ireland) 2005, this visit should be unannounced.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Stuart Johnston, manager 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

Statutory Requirements

Requirement 1

Ref: Regulation 16 (1) and Standard 32.1

Stated: First time

To be Completed by:
31 August 2015

The registered person must ensure:

- information regarding patients end of life wishes, in consultation with patients' representatives, where applicable, is retained in care records
- a care plan is written, monitored and evaluated in respect of the palliative or end of life wishes and needs of patients. The care plan should reflect the recommendations of the specialist palliative care team, where applicable.

Ref: Sections 5.3 and 5.4

Response by Registered Person(s) Detailing the Actions Taken:

A new palliative and end of life care pathway has been constructed specific to Clifton Nursing Home and documented statutory requirement. Plans are in place to introduce the pathway Group (NI) wide. Associated with the pathway are two comprehensive care plans which will be attached when required, to the residents care files. The plans will leave scope for personilisation and input from the residents and their relatives. The resident wishes from clinical to spiritual will be assessed, considered and documented. The residents General Practitioner and associated multidisciplinary team members will be intergral to finalising this holistic assessment. Evidence of plans and pathways may be electronically mailed upon request.

Recommendations

Recommendation 1

Ref: Standard 19.6 and 32.1

Stated: First time

To be Completed by:
30 September 2015

A management system should be implemented to evidence staff have read and understood the new policy documentation in respect of communicating effectively and palliative and end of life care.

Ref: Sections 5.2 and 5.3

Response by Registered Person(s) Detailing the Actions Taken:

A system has been introduced where all the staff member names are documented on a template to assist identify audit shortfalls. When policies have not been read and signed before the stipulated time frame, highlighting will continue until 100% complinace is achieved.

<p>Recommendation 2</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>Training in respect of communicating effectively should be provided for staff. The training should include the areas discussed in standard 19.</p> <p>Ref: Section 5.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: A new training initiative has been unveiled for Runwood NI. The focus of this initiative in 2015 is palliative / end of life care and communication strategies. In line with this initiative, staff will be encouraged to attend Trust training sessions. The Homes designated link nurse will attend the Trust sessions / clinical updates and relay the information and practices back to the staff in the form of information sessions and clinical updates / memo's. A free on-line course has also been sourced for staff development within the Home and Group wide. The training has NHS endorsement - http://www.e-lfh.org.uk/programmes/end-of-life-care/</p>
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>Training in respect of palliative and end of life care should be provided for staff. The training should include the areas discussed in Standard 32.</p> <p>Ref: Section 5.4</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Please see the reply for Recommendation 2.</p>
<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>Management should ensure that the identified link nurses for palliative and end of life care have completed training to enable them to provide specialist advice and support to the staff team.</p> <p>Ref: Section 5.4</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: A registered nurse has accepted the role of palliative care and end of life link nurse. The nurse will attend all training available including specialised link nurse training. The link nurse will act as a conduit for research, evidence best practice and new initiatives pertaining to palliative and end of life care.</p>

Recommendation 5 Ref: Standard 39.1 Stated: First time To be Completed by: 31 August 2015	Palliative and end of life care should be included in the induction training programme for registered nurses and care staff. Ref: Section 5.4		
	Response by Registered Person(s) Detailing the Actions Taken: The induction training programme has included palliative and end of life care to the current template. This section will direct staff where to access resources, training timetables, policy & procedures and Group strategies. In line with the induction, the staff must verify they have read the associated literature. Two new handbooks have been made available for staff detailing best practice and supportive guidance, titled "Support and Guidance for Staff following a traumatic bereavement & Caring at the end of life: a summary of best practice, support and guidance for care staff".		
Recommendation 6 Ref: Standard 35 Stated: First time To be Completed by: 31 August 2015	The registered person should ensure that the Regulation 29 monthly monitoring report reflects on one visit to the home to monitor the quality of services. Ref: Section 6.4.2		
	Response by Registered Person(s) Detailing the Actions Taken: The designated team member allocated to conduct this report has restructured the process so future reports are completed in one visit.		
Registered Manager Completing QIP	Stuart Johnstone	Date Completed	14/06/2015
Registered Person Approving QIP	Logan N Logeswaran	Date Approved	28/09/2015
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	29/09/15

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