

Unannounced Care Inspection Report 15 & 21 May 2020



Clifton Nursing Home

Type of Service: Nursing Home (NH)

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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.

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

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Amanda Horne – 27 June 2019
Person in charge at the time of inspection: 15 May 2020 Amanda Horne until 14.30 Candice Boal, Deputy Manager, from 14.30 21 May 2020 Dana Patterson, Acting Manager	Number of registered places: 100 A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH
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 patients accommodated in the nursing home on the day of this inspection: 76

4.0 Inspection summary

An unannounced inspection took place on 15 May 2020 from 11.30 to 18.30. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection during the ongoing outbreak of coronavirus (COVID-19) within the home.

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.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information from the Belfast Health and Social Care Trust (BHSCT) which raised concerns in relation to governance and leadership within the home and infection prevention and control (IPC) practices. In response to this information RQIA decided to undertake an inspection to this home.

Significant concerns were identified with regard to IPC practices and the governance and management arrangements within the home.

As a consequence, a meeting was held on 19 May 2020 in RQIA with the intention of issuing two failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 13 (7) relating to IPC practices
- Regulation 10 (1) relating to the management, leadership and governance arrangements

The meeting was attended via teleconference by Mr Gavin O'Hare Connolly, Responsible Individual (RI) and Caron McKay, Regional Operations Director (ROD) for Runwood Homes Ltd.

Prior to the meeting the RI provided details of the actions taken with regards to the concerns identified relating to IPC practices in the home. At the meeting the RI provided a more detailed account of the actions taken to address these matters since the inspection. RQIA received assurance that actions had been taken regarding the deficits highlighted. It was decided that a failure to comply notice would not be issued under Regulation 13 (7).

However, during the meeting RQIA did not receive the necessary assurance required in relation to the effectiveness and robustness of the leadership, management and governance arrangements within the home. The deficits in relation to IPC were attributable to the poor leadership and governance. It was therefore decided that one failure to comply notice would be issued under Regulation 10 (1) with the date of compliance to be achieved by 3 June 2020.

Further concerns were raised with RQIA's Chief Executive by senior staff from BHSCT, Public Health Agency (PHA) and Department of Health (DOH) on 20 May 2020.

RQIA resumed the inspection of the home on 21 May 2020 from 12.00 to 20.30 to seek assurances regarding the health, safety and wellbeing of patients, IPC practices and measures in place and to review the day to day management arrangements within the home. During the inspection RQIA found that the home's management team had not implemented the actions they had assured us of. A meeting was held on 26 May 2020 with the Intention to Issue a Notice of Proposal to cancel the registration of the RI in respect of Clifton Nursing Home. At this meeting the RI stated that the management of the home was to be undertaken by another healthcare provider and a management contract was in process of being agreed and signed. This arrangement would take place with immediate effect. RQIA considered this information and the Notice of Proposal was not issued.

The following areas were examined during the inspections of 15 and 21 May 2020:

- governance and management arrangements
- IPC
- personal protective equipment (PPE)
- environment
- care delivery

Due to the focus of the inspection, two of the three areas for improvement arising from the previous care inspection on 3 March 2020 were not reviewed and have been carried forward to the next inspection. One area for improvement with regard to IPC from the previous care inspection has been subsumed into the failure to comply notice.

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

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	1

*The total number of areas for improvement includes two regulations that have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caron McKay, regional operations director (ROD), as part of the inspection process on 15 May 2020. Feedback was further provided to Gavin O'Hare Connolly, RI and Caron McKay, ROD, as part of the inspection process on 21 May 2020. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of the care inspection on 15 and 21 May 2020. One failure to comply notice was issued under The Nursing Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000095 with respect to Regulation 10 (1)

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 returned QIP from the previous care inspection
- the previous care inspection report

One area for improvement identified at the last care inspection was reviewed and subsumed into the FTC notice. Two 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 March 2020.

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 13 (7) Stated: Third and final time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	Not met
	Action taken as confirmed during the inspection: Shortfalls were identified in the environment and a lack of up to date guidance for Infection prevention and control practices evidenced that a robust system was not in place to ensure compliance. Please refer to Section 6.2 for details.	
Area for improvement 2 Ref: Regulation 20 (1)(c) (ii) Stated: Second time	The registered person shall ensure that there is a clear system in progress to monitor care staffs' registration with NISCC.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed as part of the inspection and is carried forward to the next inspection.	

Area for improvement 3 Ref: Regulation 12 (1)(a) (b)	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.	Carried forward to the next care inspection
Stated: Second time	Action taken as confirmed during the inspection: This area for improvement was not reviewed as part of the inspection and is carried forward to the next inspection.	

6.2 Inspection findings

Governance and management arrangements

At the commencement of the inspection on 15 May 2020 it was identified that the registered manager was unwell and subsequently went off duty. We observed that the manager was not following uniform policy and was wearing PPE inappropriately. This would not be in accordance with good IPC practice.

During the inspection staff expressed concerns regarding the leadership and management of the home and the support and guidance offered to them, specifically with regard to the matters arising during the ongoing pandemic. From discussions with staff and observations made it was identified that there was a lack of oversight and physical presence by the senior management team in all three units of the home. It was noted that the RI and regional manager were office based during the inspections.

It was evident that the manager may not have been supported as effectively as she should have been by the RI and senior management team. It was noted that the manager had been working for a number of days without sufficient rest periods. The management structure within the home had been temporarily depleted, as required by the RI, to support other homes within the organisation. It was noted that of the three deputy managers, one had been reallocated to provide support in another nursing home and one was currently on sick leave.

Subsequently, during the inspection of 21 May 2020 it was noted that a manager had been moved from another of the organisation's nursing homes to manage Clifton Nursing Home in the absence of the registered manager.

It was identified that there was a lack of guidance and support for staff throughout the units within the home. During the inspection of 21 May 2020, one registered nurse was observed to be very upset and overwhelmed. It was noted that support was being provided to the home by staff from the BHSCT. The nurse expressed to the inspectors her frustrations in relation to the volume of Trust staff currently accessing the unit. There was a lack of support provided to her by the home's management team in co-ordinating these staff or explaining their respective roles.

There appeared to be a lack of direct oversight of staff on a daily/shift basis. There was no evidence that effective systems were in place to identify and challenge any deficits regarding

staff's knowledge and practices relating to IPC, use of PPE and the general day to day running of the home.

During the inspection on the 21 May 2020 the RI advised that a process had been commenced whereby the manager would undertake three "walk around" monitoring audits in each of the units on a daily basis. However, it was identified that on the date of inspection only one audit had been completed and for only one unit of the home. From records viewed it was identified that the information lacked detail as to the matters reviewed and a clear action plan was not included.

During both inspections there was lack of clear direction at all levels throughout the organisational structure. It was noted that a number of additional domestic staff provided by the Trust to support with cleaning in the home lacked clarity with regard to their roles and responsibilities.

In view of the insufficient managerial arrangements noted during the inspection on 15 May 2020, a Failure to Comply Notice was issued on 20 May 2020.

PPE

Observations made and discussions with staff during the inspection on 15 May 2020 identified a number of concerns with regard to the use of PPE specifically related to the ongoing pandemic. It was noted that guidance provided for staff was not reflective of the current guidance from PHA.

We observed that PPE was available in each of the units. We were concerned as to the lack and location of the PPE stations and the accessibility of PPE for staff in the units and the proximity of handwashing facilities. We observed a number of staff having to go from one end of the unit to a centrally designated area to access PPE. It was noted that in one of the units PPE was being inappropriately stored. The risks associated with this arrangement were discussed with the person in charge during the inspection and appropriate actions were taken.

During the inspection of 21 May 2020 it was noted that in one of the units the PPE station had been placed outside the unit and that staff had to exit to access masks and visors; in addition it was identified that there was no bin available to dispose of contaminated PPE as this was located inside the unit.

On 15 May 2020 we identified that there was a lack of clear guidance for staff in regards to the correct procedures for the donning (putting on) and doffing (taking off) of PPE. We discussed with the person in charge the benefits of displaying information for staff at key locations throughout the home. We provided information relating to the donning and doffing of PPE to the ROD.

Discussions with a number of staff indicated that they did not have a clear understanding of the donning and doffing procedures. It was identified from records viewed that the majority of staff had completed an e-learning module for IPC; however it was noted that only a small number of staff had been provided with face to face training with regard to the use of PPE. The training had not been effectively put into practice.

During the inspection of 21 May 2020 information was in place regarding the use of PPE and the donning and doffing process, provided by the BHSCT. However, it was identified that the

information was incorrect in relation to the procedure for doffing PPE. We discussed this with a representative from the BHSCT and the information was removed and up to date advice provided by the Trust as to the correct process.

It was concerning to note that additional PPE stations had not been provided in each of the units as advised by the RI during the FTC meeting on 19 May 2020. In addition there appeared to be conflicting information with regard to the process for donning and doffing PPE within the home, in spite of information having been provided by RQIA on the 15 May 2020.

There appeared to be lack of leadership and oversight for staff with regard to the correct use of PPE and the donning and doffing processes. One staff member was observed to be wearing a cloth face mask and was unclear of the associated risks and another staff member was observed to be wearing two masks. It was concerning that neither the home staff nor Trust staff had been able to effectively address these practices.

There was lack of evidence that the assurances provided by the RI during the Intention to Issue FTC meeting on 19 May 2020 that improvements required had been fully implemented.

Infection prevention and control (IPC) practices

On both days of the inspection, a number of IPC deficits were noted throughout the home. They included:

- the ineffective cleaning of patient moving and handling, and bathing equipment
- inappropriate storage of specialist chairs and equipment in bathrooms
- clinical waste bags tied to drawer handles in patients' bedrooms
- ineffective cleaning of shower trays
- excessive clutter in small kitchen areas
- items stored on the floor of linen cupboards
- inappropriate management of soiled laundry
- damaged bed frames
- malodour in a number of bathrooms
- cleanliness of the visitors' toilet
- marks on a bedrail bumper
- various damaged/soiled chairs
- sponges and toiletry items being stored in communal bathrooms

We observed that a number of areas within the home could benefit from being cleaned in a more effective manner and noted that some communal areas were in need of redecoration. However, the majority of patients' bedrooms and bathrooms viewed during the inspections were noted to be clean and tidy. It was positive to note that a number of the bedrooms had been personalised to the preferences of patients. Issues with the day to day management of IPC were attributable to the lack of governance, oversight and leadership and this had the potential to place patients and staff at risk of harm.

At the meeting on 15 May 2020 the RI provided assurances that the necessary improvements had or would be addressed; and a decision was made that the FTC with regard to Regulation 13(7) would not be served. Areas for improvement in relation to IPC were subsumed into the FTC notice issued under Regulation 10 (1).

Environment

During our visit we looked at a variety of areas including bedrooms, en-suites, lounges, dining room and bathrooms. Whilst we observed patients' bedrooms to be generally tidy we observed that a number of communal areas in the home required the removal of clutter and a deep clean.

Discussions with the person in charge evidenced that measures had been put in place to seek to reduce patients' risk of infection. This included isolating patients to their rooms as far as possible and limiting the use of communal areas. Patients were having meals in their own rooms and in the communal lounges rather than the dining rooms to maintain social distancing. The home cares for patients within a range of categories of care including dementia; this can make effective isolation difficult as patients might not fully understand the need for isolation. During the inspection we observed that the majority of patients within two of the units were being cared for in their individual bedrooms. A small number of patients were observed to be sitting in the lounges; staff described how they monitored this arrangement and ensured social distancing was maintained as far as possible.

We observed that in a number of areas within the home thickening agents were being stored inappropriately. We immediately requested that this matter be addressed. An area for improvement was identified.

We observed the doors to the two kitchens in the dementia unit to be open with one being propped open with a bin. In this kitchen we observed the counter tops cluttered and access to cleaning chemicals and thickening agent. We discussed this with the nurse in charge who advised these doors should be shut and addressed this. Two further areas for improvement were identified in relation to the propping open of the door and also access to chemicals.

It was observed that the level of cleanliness of the environment was inconsistent throughout each of the units in the home.

Care delivery

Inspectors confirmed through observation of care that patients' needs were met in relation to nutrition, hydration and personal hygiene. Discussions with staff evidenced they were knowledgeable of the patients' needs. Caring interactions were observed between staff and their patients. End of life care was observed to be compassionate and appropriate.

We also considered the timely repositioning of patients. While feedback from staff advised that patients had been repositioned as needed, it was noted that care records did not consistently reflect this and gaps were noted in a number of patient care records. Although care had been provided it had not been recorded in a timely manner.

We observed that food and fluid charts were completed; however they lacked specific detail of the quantity of food and fluids consumed. We discussed with the person in charge the need for the records to accurately reflect the amounts and types of food and fluids taken by patients.

During the inspection on 21 May 2020 an improvement was observed in the documentation of supplementary care records such as repositioning, and food and fluid charts. We discussed this noted improvement with the management and we will review this at a future care inspection to ensure sustained improvement.

During the inspection of 21 May 2020 we identified that appropriate action had not been taken following a patient sustaining a fall. Discussion with the nurse highlighted that the required monitoring equipment (i.e. sphygmomanometer, stethoscope, thermometer) was either not available in the unit or that the equipment was faulty. It was concerning to note that this information had not been escalated by to the person in charge of the home. However, when this issue was highlighted by us, equipment was obtained and necessary actions taken. Two areas for improvement were identified in relation to falls management and ensuring appropriate equipment is available.

Areas of good practice

Areas of good practice were identified in staff knowledge of patients' needs, observed caring interactions between staff and patients, and compassionate end of life care.

Areas for improvement

Five areas for improvement were identified with regard to the propping open of the kitchen doors, storage of chemicals and the storage of thickening agents; in addition, the provision of equipment for the monitoring of clinical observations and the management of falls.

	Regulations	Standards
Total number of areas for improvement	4	1

6.3 Conclusion

Following the initial inspection on 15 May 2020 a Failure to Comply notice was issued under Regulation 10(1) in regards to the management, leadership and governance arrangements. Compliance with this notice is to be achieved by 3 June 2020. A notice under Regulation 13(7) was not issued due to the assurances provided and action plan received by RQIA from Gavin O'Hare-Connolly, Responsible Individual.

On receipt of further information to RQIA by the BHSCT the inspection resumed on 21 May 2020. Following the inspection a meeting was held with the Intention to Issue a Notice of Proposal to cancel the registration of the RI in respect of Clifton Nursing Home on 26 May 2020. At this meeting the RI stated that the management of the home was now to be undertaken by another healthcare provider with immediate effect. RQIA considered this information and the Notice of Proposal was not issued.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gavin O'Hare Connolly, Responsible Individual and a Senior Manager Health Care Ireland 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 nursing 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	
Area for improvement 1 Ref: Regulation 20 (1) (c)(ii) Stated: Second time To be completed by: 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>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.</p> <p>Ref: 6.1</p>
Area for improvement 2 Ref: Regulation 12 (1) (a)(b) Stated: Second time To be completed by: With immediate effect	<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>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.</p> <p>Ref: 6.1</p>
Area for improvement 3 Ref: Regulation 27 (4)(b) Stated: First time To be completed by: 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>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The identified kitchen door keypad lock is now repaired. Registered nurses and care assistants have had clear instruction in relation to the importance of these doors been kept closed and not propped open. These doors are checked by RN on unit throughout day and by RN in charge of nursing home and recorded on handover sheets to ensure compliance. During Managers' walk rounds compliance is also checked</p>
Area for improvement 4 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: Immediate and ongoing from the date of	<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>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: COSHH items are kept in locked stores in each of the three units. Domestic staff have been given clear instruction regarding the storage of chemicals and returning cleaning trolleys to locked</p>

inspection	store when not in use. RN in charge of each unit will monitor throughout day the storage of all chemiclas. Manager will check complaine on daily audit.
Area for improvement 5 Ref: Regulation 12 (1)(c) Stated: First time	The registered person shall ensure that at all times there is equipment available to enable staff to check patients' clinical observations. Ref:6.2
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: Equipment for the taking of clinical observations is now in place in each unit. New thermometers have been purchased. Manager will monitor to ensure that an adequate supply is available.
Area for improvement 6 Ref: Regulation 14 (2)(a) (c) Stated: First time	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. Ref:6.2
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: Registered nurses have received supervision in relation to the accurate completion for a 24hr post fall clinical / neurological observations chart. Registered nurses have been given clear instruction on the accurate recording of falls in the progress notes. Notification of all falls are recorded on nurse in charge of home report which is viewed daily by Manager or Deputy for compliance. These incidents are also checked during the Monthly Regulation 29 visit for compliance.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall ensure any fluid thickeners kept in the home are appropriately stored in a secure place. Ref:6.2
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: Registered nurses and care assistants have received supervision in relation to the importance of correct storage and management of thickening agents.

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



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