



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

18 April 2019



Clifton Nursing Home

Type of Service: Nursing Home

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 100 patients. The home is divided into three separate suites; Benn, Toby Hurst and Donegal. The inspection focused on the Benn and Toby Hurst suites.

3.0 Service details

<p>Organisation/Registered Provider: Runwood Homes Ltd</p> <p>Responsible Individual(s): Gavin O'Hare-Connolly</p>	<p>Registered Manager and date registered: Amanda Horne Registration pending</p>
<p>Persons in charge at the time of inspection: Alan Ampatuam – Nurse in charge 06.55 to 08.00</p> <p>Hazelyn Batuto – Deputy Manager 08.00 to 17.30</p> <p>Amanda Horne – Manager present 09.00 – 15.00</p>	<p>Number of registered places: 100</p> <p>A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 80</p>

4.0 Inspection summary

An unannounced inspection took place on 18 April 2019 from 06.55 to 17.30.

This inspection was undertaken by care and pharmacist inspectors.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

RQIA received information on 5 April 2019 from the Belfast Health and Social Care Trust (BHSCT) regarding certain aspects of patient care within the Benn and Toby Hurst Suites. Following review of this information and discussion with RQIA senior management a decision was made to undertake an unannounced inspection of the home to review the concerns raised by the trust.

The following areas were examined during the inspection:

- nutrition
- falls management
- personal care
- the environment
- medicines management.

We also reviewed the areas for improvement identified during the last care inspection on 30 January 2019 and the last medicines management inspection on 22 November 2018.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

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

	Regulations	Standards
Total number of areas for improvement	*5	5

*The total number of areas for improvement includes one under regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Hazel Batuto, deputy manager and Nora Curran, Runwood internal compliance inspector, as part of the inspection process. Areas for improvement in relation to medicines management were also discussed with Amanda Horne, manager, who was unavailable to receive feedback from the care inspectors. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 30 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients and people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire to give their views on the running of the home.

A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined:

- duty rota for all staff week commencing 7 April 2019
- staff training records
- incident and accident records
- patient care records
- supplementary patient care records pertaining to food and fluid intake and personal care
- a sample of governance audits/records
- complaints record
- admission process with regards to medicines management
- personal medication records
- medicine administration records
- receipt and disposal of medicines records
- controlled drug records

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 outstanding areas for improvement from previous inspections

Areas for improvement identified at the last care inspection have been reviewed. Of the total number of areas for improvement six were met and one which was not met has been included in the QIP at the back of this report. An area for improvement in relation to the recording of complaints has been stated for the second time.

Areas of improvement identified at the last medicines management inspection have also been reviewed. Both areas for improvement were met.

6.2 Inspection findings

Nutrition and hydration

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional, such as a dietician. Patient care records also evidenced that advice received from health professionals were incorporated within the patients' care plans.

Dietary requirements, such as the need for a diabetic diet or a fluid restriction, were communicated through staff handovers. This information was also included within pre-printed handover sheets which staff were in possession of and made reference too. Staff consulted were knowledgeable in relation to the dietary requirements of the patients in their care. However, discussion with the manager and staff confirmed that not all staff had received training in using new International Dysphagia Diet Standardisation Initiative (IDDSI). The implementation of IDDSI commenced regionally in April 2019. Review of menu request forms and discussion with catering staff evidenced IDDSI terminology had not been incorporated into the current paperwork. This was discussed with the manager who agreed to action this as required. An area for improvement was made.

Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision. We reviewed the lunchtime meal experience during the inspection on the Benn Suite. The meal commenced around 12.30. Patients dined in the main dining room on the ground floor or at their preferred dining area. Food was served from a heated trolley when patients were ready to eat or be assisted with their meal. The food served appeared nutritious and appetising. Food was covered when transferred from the dining room. A range of drinks were served with the meal. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal. Soup bowls served to patients evidenced that a number of these were chipped. The manager agreed to review and action as appropriate. A review of the menu evidenced that there was no choice available for patients who required a modified diet. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

An area of good practice was observed in relation to the use of nutritional risk assessment.

Areas for improvement

Areas for improvement were identified in relation to staff training on IDDSI indicators and with the mealtime experience.

	Regulations	Standards
Total number of areas for improvement	0	2

Management of falls

Falls risk assessments were completed on admission to the Benn Suite and reviewed as required. A falls care plan was developed when a risk of falls was identified. Accident records confirmed that when a fall occurred, the appropriate actions were taken following the fall. Review of the management of one unwitnessed fall evidenced that clinical/neurological observations were not taken post fall in keeping with best practice guidance. This was discussed with the manager and an area for improvement under regulation was made. RQIA have been notified of falls appropriately. All accidents and incidents are monitored during the monthly monitoring inspections conducted by Runwood's internal compliance inspector.

Falls in the home were monitored on a monthly basis for any patterns and trends and a plan put in place to address this where appropriate.

Areas of good practice

An area of good practice was identified in relation to the monitoring of falls and the subsequent actions taken.

Areas for improvement

An area for improvement under regulation was identified in relation to post fall management.

	Regulations	Standards
Total number of areas for improvement	1	0

Personal care

Moving and handling assessments had been completed to ensure the safe handling of patients. Moving and handling practices observed during the inspection were in keeping with good practice. Care plans had been developed to guide staff in delivering personal care. Care plans identified if patients had a preference for male or female staff to assist them with personal hygiene in order to protect their dignity. Care plans also identified if patients preferred a bath or a shower. It was clear to see that independence was encouraged within the care plans reviewed and areas where assistance was required was identified. A review of supplementary care records, used to evidence care delivery, did not always evidence the date and/or time that the care was delivered. This was discussed with the manager and identified as an area for improvement. Patients were observed to be well presented in their appearance and dress.

Areas of good practice

An area of good practice was in relation to the presentation of patients.

Areas for improvement

An area for improvement was identified in relation to the contemporaneous recording of care delivery.

	Regulations	Standards
Total number of areas for improvement	0	1

The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. The home was clean and fresh smelling. Patients were seated in an open reception area, one of the lounges or in their bedroom as was their choice. Two areas in the home were observed where chemicals were accessible to patients. This was discussed with the manager and identified as an area for improvement. Other areas were also identified in the home in relation to identified environmental issues and staff practices which were not in compliance with best practice in infection prevention and control (IPC) guidelines. This was also discussed with the manager and identified as an area for improvement.

Areas of good practice

An area of good practice was identified in relation to fire safety.

Areas for improvement

Areas for improvement were identified in relation to compliance with Control of Substances Hazardous to Health (COSHH) legislation and compliance with best practice on infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	2	0

Management of medicines

The management of medication changes was reviewed for two recently admitted patients in the Benn Suite. Written confirmation of the medication changes had been confirmed in writing and the personal medication records and medication administration records had been verified and signed by two registered nurses. However, for one patient, registered nurses were removing a discontinued medicine from a compliance aid and there was no evidence that the medicine was being disposed of. The registered person should ensure that robust processes are in place to ensure that medication changes are managed safely. An area for improvement was identified.

The door to the treatment room in the Toby Hurst Suite was observed to be unlocked by the care inspector at 07.00 and by the pharmacy inspector at 10.00. With the exception of the controlled drugs cupboard all other medicines cupboards were also unlocked. This is concerning as there had been a recent incident regarding theft of medicines from this treatment room and it was evident that there had not been a change of practice to ensure that medicines were safely and securely stored. Medicines must be stored securely to prevent unauthorised access. An area for improvement was identified.

One medicine round in the Benn Suite was not completed until 11.20. In the Toby Hurst Suite, one round was completed at 11.20 and the other round was completed at 11.40. The records of administration were signed at 10.00. The registered nurse in the Benn Suite advised that time critical medicines had been administered on time and that the lunchtime round would be commenced later to ensure appropriate dosage intervals. An area for improvement was identified.

We reviewed the management of antibiotics, warfarin and controlled drugs and found safe systems to be in place.

We reviewed the stock control systems for medicines management. Significant overstocks were not observed in the medicine cupboards. The disposal books were reviewed and indicated that medicines were not routinely being disposed of due to “overstock”.

As part of the home’s auditing system, running stock balance records were maintained for “when required” medicines. Those reviewed were accurately maintained.

Areas of good practice

Areas of good practice were identified in relation to the management of controlled drugs, antibiotics and warfarin.

Areas for improvement

Areas for improvement were identified in relation to the management of medication changes, the storage and security of medicines and with the timing of the medicine round.

	Regulations	Standards
Total number of areas for improvement	1	2

Consultation

During the inspection we consulted 16 patients. Twenty patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments included:

- “I am very happy here.”
- “This is a lovely place here.”
- “I am happy here. They do all for me.”
- “I am happy with the care I am getting.”
- “It’s grand.”
- “Thumbs up to this place. They are brilliant. The people are great and the food is good. You get a bit of a laugh.”
- “I’m happy here.”
- “It’s annoyingly warm. I found it difficult to sleep at night.”
- “I’m getting on well. No concerns.”
- “No complaints. As long as I get my coffee in the morning I am happy.”
- “Thumbs up to this place. They are brilliant. The people are great, the food is good and you get a bit of a laugh. Anything I ask for they go get it for you. I leave my clothes out and they wash and clean them.”
- “I am happy here. They do all for me.”

Three patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. One was returned. The respondent indicated that they were very satisfied that the home was delivering safe, effective and compassionate care and that the home was well led. Some patient representatives' comments were as follows:

- "The staff here are great. They provide good care."
- "There is not enough staff on. Staff are too busy."
- "The home has improved over the last year. I see physical improvements. I had a number of complaints and the manager sorted them out. I would have concerns in relation to the continuity of management."

Discussion with patients and their representatives confirmed that they were satisfied they could raise any concerns with staff and/or management. A review of complaints records in the home evidenced that there was not sufficient detail in the recording of complaints. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 21 staff consulted during the inspection included:

- "I feel fulfilled after working a shift here."
- "I am happy here. I'm learning every day."
- "It is good here, I can't complain."
- "For me there is no problem here."
- "I think everything is running ok here."
- "I felt my induction was rushed as staff were short during the day and an agency worker was on. We were placed together and two staff who were familiar with the patients worked together."
- "There sometimes isn't enough staff and I can't get all my work done."

Staff in the Benn Suite were satisfied that the staffing arrangements consistently met patients' assessed needs. Staff in Toby Hurst identified days in which they were of the opinion that the staffing level was not sufficient. The staffs' concerns were passed to the manager for their review and action as appropriate.

All comments made were shared with the home's management during feedback at the end of the inspection. Any comments from patients, their representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

An area of good practice was identified in relation to compassionate care delivery.

Areas for improvement

No areas for improvement were identified in relation to consultation.

	Regulations	Standards
Total numb of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Hazel Batuto, deputy manager and Nora Curran, Runwood internal compliance inspector, as part of the inspection process. Areas for improvement in relation to medicines management were also discussed with Amanda Horne, manager. 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 24 Stated: Second time To be completed by: 18 May 2019	<p>The registered person shall ensure that an established system and process is in place for the receiving, management and response to complaints. Records of complaints handled should be contemporaneously maintained.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: A more structured system is in place for the handling of complaints. A time line is now in the front of each complaint giving time, date of when received and response made.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff carry out clinical and neurological observations following any fall, records are updated accordingly and all documentation is kept together. This is reviewed regularly by the home manager.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 18 May 2019	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: A daily walkround audit is completed to ensure that all measures are taken to minimise any risk and spread of infection. Any required actions are addressed immediately with staff. A monthly infection control audit is also completed and any required actions are included in the homes action plan and addressed with staff at team meetings and flash meetings.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.2</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2019</p>	<p>The registered person shall ensure that medicines are stored securely to prevent unauthorised access.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All checks are made when completing the daily walkround audit that all doors are kept securley locked at all times when not in use.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that IDDSI training is conducted with all staff in the home involved with the provision of food. Care records shall make reference to IDDSI descriptors.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All care records have been updated to state the new IDDSI modification. All staff are aware of the new descriptors. Staff training has been given and more training is to be completed for new staff. Dates arranged for 22/8/19 and 29/8/19 two sessions daily to capture all outstanding staff.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2019</p>	<p>The registered person shall ensure that an alternative choice of meal is made available for patients who require their meal to be modified.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Residents are given a choice of meal that is available. Alternative choice is given to those that require their meals to be modified. Representative from nutilus are to arrange Chef work shops for Head chef to attend.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2019</p>	<p>The registered person shall ensure that supplementary care records relating to personal care are clearly dated and signed when care has been documented as delivered.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff are aware that records are to be kept upto date at all times. Checks are maintained during the daily walkround audit and Nurse staff check and sign that all is up to date at the end of each day. All records checked have the correct day and time that care was delivered. This is being monitored closely by the home manager</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2019</p>	<p>The registered person shall review that management of medication changes to ensure that safe systems are in place.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All medication Kardex's have been updated to match that of the MARRS sheets. Any changes are signed and confirmed by two staff.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2019</p>	<p>The registered person shall review the morning routines to ensure that medicines are administered in a timely manner and that administration records accurately reflect the time of administration.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All morning routines are monitored by completing the daily walkround audit. All Medications have been completed in a timely and administration records reflect the time of administration.</p>

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



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