



Unannounced Enforcement Compliance Inspection Report 24 June 2020



Clifton Nursing Home

Type of Service: Nursing Home (NH)

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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 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 100 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Limited Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Gayle Chambers, Acting Manager
Person in charge at the time of inspection: Gayle Chambers	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: 52

4.0 Inspection summary

An unannounced enforcement monitoring compliance inspection took place on 24 June 2020 from 9.30 to 17.30 hours.

On 20 May 2020 RQIA issued one Failure to Comply (FTC) Notice (**FTC Reference: FTC000095E1**) to the Responsible Individual. This was in relation to the management and governance arrangements in the home under Regulation 10(1) of The Nursing Homes Regulations (Northern Ireland) 2005. Following an inspection on 3 June 2020, there was evidence of progress toward compliance with the FTC Notice and a decision was made to extend the compliance date of the FTC notice to 24 June 2020.

This inspection sought to assess the level of compliance achieved in relation to the FTC Notice.

During this inspection evidence was available to validate compliance with the FTC Notice FTC000069E1. These findings are discussed further in Section 6.2. In addition, an area for improvement was identified in relation repositioning records.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2*	1

*The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gayle Chambers, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action did not result from the findings of this inspection.

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 FTC notice: FTC000095E1.

During the inspection we met with the responsible individual; the acting manager; senior managers from Healthcare Ireland Ltd (HCI); six patients; 11 staff; and a representative from the Belfast Health and Social Care Trust (BHSCT). Due to visiting restrictions in place with regards to Coronavirus (COVID 19) no patients' visitors/representatives were available to speak with.

The following records were examined during the inspection:

- Infection Prevention and Control (IPC) audits
- Hand Hygiene Audits
- Quality Monitoring report for May 2020
- Action plan relating to IPC audits completed by the BHSCT
- Cleaning schedules
- Environmental audits completed by senior staff in the home
- Nurse in charge competency assessments
- Care records for three patients.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 areas for improvement from the last care inspection dated 3 June 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 20 (1)(c) (ii) Stated: Second time To be completed by: 17 March 2020	The registered person shall ensure that there is a clear system in progress to monitor care staffs' registration with NISCC.	Met
	Action taken as confirmed during the inspection: From records viewed and discussions with the manager it was identified that there was a robust system in place for monitoring staffs' registration with the relevant regulatory body.	
Area for improvement 2 Ref: Regulation 12 (1)(a)(b) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	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.	Met
	Action taken as confirmed during the inspection: From records viewed and discussions with the manager and staff it was identified that wound care management was in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.	
Area for improvement 3 Ref: Regulation 27 (4)(b) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that kitchen doors are not propped open to ensure the safety and wellbeing of patients in the home.	Met
	Action taken as confirmed during the inspection: It was observed that kitchen doors were closed during the inspection.	

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: We observed that chemicals were present on cleaning trolleys stored in an area that was not locked.</p> <p>This area for improvement has been assessed as not met and will be stated for a second time.</p>	<p>Not Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure there is adequate equipment available for staff to complete nursing tasks/observations.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that the required equipment was available for staff to complete nursing tasks/observations.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: There was evidence from records viewed and discussions with the manager that nursing staff had completed 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>Met</p>

Area for improvement 7 Ref: Regulation 27(4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure fire exits are kept clear and free from obstruction this is in reference to the storage of manual handling equipment when not in use.	Not met
	Action taken as confirmed during the inspection: We observed that in one unit of the home moving and handling equipment was being stored when not in use close to a fire exit. This was highlighted to the manager and removed immediately. This area for improvement has been assessed as not met and will be stated for a second time.	
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 To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure any fluid thickeners kept in the home are appropriately stored in a secure place.	Met
	Action taken as confirmed during the inspection: It was observed that fluid thickeners were stored appropriately within the home.	

The most recent inspection of the home was an unannounced enforcement compliance care inspection. The areas for improvement were reviewed at this inspection and assessed as met, partially met or not met. Two areas assessed as not met are stated for a second time as detailed in the QIP in section 7.2.

6.2 Inspection findings

FTC Ref: FTC000095E1

Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Registered Person: general requirements

Regulation 10.— (1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

Action required to comply with regulations:

The registered person must ensure that:

- there is a manager on site who carries on and manages the nursing home with sufficient care, competence and skill.
- there is a clear and robust management and leadership structure within the home.
- all grades of staff understand their role and function within the organisational structure and to whom they escalate concerns about patient care and staff practice.
- the home's environment is managed to reduce risks to patients' health and wellbeing.
- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the home are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the home.
- quality monitoring reports are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.
- the completed quality monitoring reports should be forwarded to RQIA by the fourth day of each month.

A manager, employed by HCI, had commenced employment on 4 June 2020 and was responsible for overseeing the day to day management of the home. The RI was present in the home during the inspection. Staff provided positive feedback with regard to the level of support and guidance that is being provided by the manager on a daily basis.

There was evidence that the management structure within the home had been and was continuing to be reviewed. All staff on duty demonstrated that they had a good understanding of the new management arrangements and the process for raising concerns.

There was evidence that the leadership and management guidance and support to staff in each of the units had been increased since the inspection on 4 June 2020. Staff spoke positively with regard to the current arrangement and stated that they felt supported by the new manager and other senior staff. Staff stated that they have been provided with clear guidance with regards to their roles and responsibilities and welcomed the clear direction provided with regards to a number of areas such as IPC and care delivery. Competency assessments had been completed for registered nurses employed in the home.

A large number of improvements had been made with regard to the environment and IPC issues. In addition, there was clear evidence that the management team are proactively addressing the matters highlighted by the IPC audit completed by the BHSCT and a plan is in place to address any outstanding matters. There is ongoing engagement between the manager and BHSCT representatives with regard to reviewing the progress.

We observed that that a number of new items of furniture and soft furnishings had been provided and in addition, a number of areas in the home had been redecorated. The environment was observed to be clean and excess clutter had been removed. A system had been introduced that requires the nurse in charge of each of the units to highlight any identified environmental risks that need attention.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of Personal Protective Equipment (PPE) and the handwashing technique had been provided at various key areas throughout the home. The manager has facilitated group supervision sessions for staff with regards to PPE and IPC matters.

Staff were observed to be using PPE appropriately. It was observed that a system had been implemented to ensure that the cleaning of touch points was completed at various times throughout the 24 hour period.

It was identified that a process had been implemented for ensuring that patient hand hygiene needs were addressed and a record retained. Hand hygiene audits had been completed in each of the units.

Robust processes have been introduced for auditing IPC and allocation of cleaning schedules. In addition it was noted that HCI have reviewed the roles and responsibilities of the housekeeping staff and provided staff with clear guidance as to their duties. It was noted that staff are allocated to complete each of the tasks and a record is retained.

The most recent quality monitoring report was forwarded to RQIA on 3 June 2010 as required. A new proforma for recording the matters reviewed during the quality monitoring audit has been introduced and includes an action plan.

Evidence was available to validate compliance with this FTC notice.

Additional areas reviewed:

Wound care

We reviewed the wound care provision in the home. We observed the documentation of wound care had been previously inconsistent. However, it was noted that since the recent change in management arrangements this had improved. Staff were liaising with the BHSCT Tissue Viability Nurse (TVN) and wound care provision was as directed. We observed that recommendations made by the TVN for the repositioning of the patients' were not fully implemented. This was discussed with the manager and an area for improvement was identified.

Areas for improvement

One area for improvement in relation to the repositioning of patients was identified.

	Regulations	Standards
Number of areas for improvement	0	1

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice FTC000095E1.

7.0 Quality improvement plan

There was one new area for improvement identified during this inspection. The attached QIP contains two areas for improvement from the previous QIP assessed as not met which have been stated for a second time.

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 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 14 (2)(a)(c) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	<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: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: Domestic staff have been given additional supervision of practice in relation to the importance of all chemical stores being locked. Additional checks have been implemented for the nurse in charge of the unit to monitor that chemicals are kept securely. Manager will continue to monitor compliance</p>
Area for improvement 2 Ref: Regulation 27(4) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure fire exits are kept clear and free from obstruction. This refers to the storage of manual handling equipment when not in use.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: RN and CA have received additional supervision of practice in relation to the appropriate storage of manual handling equipment to ensure that fire exits are kept clear at all times. Registered nurse in unit will monitor throughout day and record that same is being adhered to. Manager will observe for compliance on daily walk rounds of each unit.</p>
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 4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that the recommendations for repositioning of patients made by health care professionals are clearly documented within the patient's care plan, implemented by staff and clearly recorded.</p> <p>Ref:6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Registered nurses have been given clear instruction through supervision of practice and training to ensure the accurate recording of recommendations for the repositioning of residents is documented fully in their care plan. To further assist in the implementation of the recommendations clear instructions have been drawn up and placed in care files to assist care assistants with the recommendations. Registered nurses and care</p>

	assistants have attended training on pressure prevention and completion of documentation. Manager will continue to monitor and audit to ensure that compliance is maintained.
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****Please ensure this document is completed in full and returned via Web Portal****



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