



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 2 and 3 October 2019



Clifton Nursing Home

Type of Service: Nursing Home
**Address: 2a Hopewell Avenue, Carlisle Circus,
Belfast, BT13 1DR**
Tel No: 028 9032 4286
Inspector: Dermot Walsh

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 registered nursing home which provides care for up to 100 patients. The home is divided into three units: Toby Hurst and Donegal which can accommodate up to 60 general nursing patients and Benn Unit which can accommodate up to 40 patients who have a dementia.

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: Amanda Horne	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: 84

4.0 Inspection summary

An unannounced inspection took place on 2 October 2019 from 09.15 to 17.00 hours and on 3 October 2019 from 09.00 to 17.00 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, recruitment, adult safeguarding, the monitoring of Nursing and Midwifery Council (NMC) registrations, staff handovers and the management of complaints. Further good practice was observed in relation to the provision of activities, teamwork and with maintaining good working relationships.

Areas requiring improvement were identified in relation to monitoring of Northern Ireland Social Care Council (NISCC) registrations, patient access to pull cords, the dining experience and with wound care. Areas for improvement in relation to falls management and with compliance in best practice on infection prevention and control have been stated for a second time.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Horne, Registered Manager and Caron McKay, Regional Operations Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 18 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 18 April 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 including care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals 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

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 views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. 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 during the inspection:

- duty rota for all staff for week commencing 30 September 2019
- records confirming registration of staff with the NMC and the NISCC
- staff training records
- incident and accident records
- one staff recruitment and induction file
- seven patient care records
- a sample of daily patient care charts including food and fluid intake charts, bowel management and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from January 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection 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 areas for improvement from previous inspection

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 24 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of complaints records evidenced that this area for improvement has now been met.	

Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	<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>	Partially met
	<p>Action taken as confirmed during the inspection: A review of three patients' accident records evidenced that two had evidence of neurological observation checks having been conducted and the third did not have any evidence of checks conducted.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	<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>	Not met
	<p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has not been met.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Chemicals were not found accessible to patients in any part of the home.</p>	

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are stored securely to prevent unauthorised access.</p> <hr/> <p>Action taken as confirmed during the inspection: Medicines were found to be stored securely throughout the inspection.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and a review of training records evidenced that this area for improvement has now been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Information sent to RQIA following the inspection confirmed that this area for improvement has now been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A review of supplementary care records evidenced that this area for improvement has now been met.</p>	<p>Met</p>

Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall review that management of medication changes to ensure that safe systems are in place.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of the medicine kardex evidenced that this area for improvement has now been met.	
Area for improvement 5 Ref: Standard 28 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of the morning routine evidenced that this area for improvement has now been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

A review of one recently recruited staff member's recruitment records evidenced that the appropriate pre-employment checks had been conducted prior to the staff member commencing in post. Records also indicated that the new staff member had gone through an induction process at the commencement of their employment to assist them in gaining knowledge of the homes' policies and procedures.

The manager evidenced regular checks made on all registered nursing staff following employment in the home to ensure that they maintained their registration with NMC. However, the system to monitor care staffs' registration with NISCC was not clear and did not evidence any actions taken within the auditing records. This was discussed with the manager and identified as an area for improvement.

A record of any training that staff had completed was maintained in the home. Identified staff within the home had been trained to train staff on the safe moving and handling of patients. Staff were satisfied that the training provided assisted them in their roles within the team.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Records of any ongoing safeguarding concerns were maintained in the home.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. However, a review of the management of falls in the home evidenced that these had not been managed appropriately in relation to the monitoring of the patient following the fall. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

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. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. However, compliance with best practice on infection prevention and control had not been well maintained in identified areas around the home. This was discussed with the manager and an area for improvement in this regard has been stated for a second time.

During the review of the environment, pull cords used by patients to attract staffs' attention were observed to be inaccessible to patients in several areas in the home. This was discussed with the manager and an area for improvement was made to ensure that the accessibility of pull cords in the home was audited and monitored to ensure that they remained accessible for patients to summon assistance as required.

Management of Medicines

Medicines were found to be stored securely throughout the inspection. Discussion with staff and a review of the morning routine evidenced that the morning medicine round was completed in a timely manner. Areas for improvement in these regards have now been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment, adult safeguarding and with the monitoring of NMC registrations.

Areas for improvement

Areas for improvement were identified in relation to monitoring of NISCC registrations and with patients' access to pull cords. Areas for improvement in relation to falls management and with compliance in best practice on infection prevention and control have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. However, concerns were expressed during the inspection at the quality of the evening meals and with the availability of cutlery during mealtimes. This was discussed with the manager and an area for improvement was made to ensure that dining audits were conducted to provide assurance around those areas.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed two patients' wound care records. Gaps in the recording of wound care were identified within both patients' records. This was discussed with the manager and identified as an area for improvement.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handovers and with teamwork.

Areas for improvement

Areas for improvement were identified in relation to the dining experience and with wound care.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- "Thank you to everyone in Clifton House for the nursing and kindness you gave to ... over the year and equally to the kindness everyone showed to me."
- "Thank you so much for making ... admission to Clifton so smooth and quickly. We as a family really appreciated this at a very distressing time."
- "Just a little note to say thank you for the kindness you showed my dad in his last days.... The care in his last hours made a difficult time a lot easier. You are special people. Keep up the good work."

Consultation with 16 patients individually, and with others in smaller groups, confirmed that living in Clifton House was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- "They (the staff) are awful good. Couldn't say a word against them."
- "The people are very kind here."
- "This place seems alright. I have got everything I want."
- "The home is very good. Staff are all good."
- "Home is very nice. Staff are very good. I enjoy it here."
- "Living here is lovely. It's a good home."
- "This is a great place here. Enjoyed the slide show today."
- "It is not so bad here."

Patients and staff spoke positively of the provision of activities in the home. Two 'well-being leads' (WBL) were employed in the home to arrange activity provision. During the inspection, patients were observed enjoying a slide show. Activity planners were on display throughout the home identifying chosen activities and the dates these were arranged for. Discussion with the WBL confirmed that WBLs from all Runwood homes met on a three monthly basis to discuss progress since the last meeting, identify issues and feedback on new ideas. One to one activities were conducted with patients who did not wish or could not engage in group activity. The WBL described a practice known as 'forget me knot' where a symbol on a patient's bedroom door would attract staff to engage with this patient, when additional time permitted, in a meaningful way, such as reminiscence conversation or hand massage, and record the interaction on a chart left in the room.

Eight patients' visitors were consulted during the inspection. Patient representatives' questionnaires were left for completion. None were returned. Patients' representatives consulted during the inspection commented:

- "We are very happy with the care here. Always kept well informed."
- "The care is brilliant. Staff are wonderful. Everything is great."
- "I am in every other day. My only concern is I feel the girls are overworked, especially at mealtimes. I can't fault the staff. There is just not enough of them."
- "We are so happy that ... is in this care home. Staff are brilliant."
- "Here is brilliant. We had issues before Runwood took over. All that's sorted now. Staff always keep me informed."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 16 staff consulted during the inspection included:

- "I love it. It's my life. Love the residents."
- "It is dead on. I love coming to work."
- "I like it here but it can be very challenging."
- "I'm really happy here."
- "It is ok but can be very busy. Rewarding though."
- "There is a homely feeling about the home."
- "I enjoy working here."
- "It's nice for me here."

Any comments from patients, patient 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

There were examples of good practice found throughout the inspection in relation to the provision of activities and the provision of dignity and respect for patients when delivering care.

Areas for improvement

No new areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum

number of patients allowed to be accommodated in the home. Since the last care inspection, the manager had registered with RQIA.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. An area for improvement in this regard has now been met. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and health and safety. Auditing records evidenced the actions taken in response to any shortfalls that were identified.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals. Action plans were included within the monthly reports and reviewed at subsequent visits.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number 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 Amanda Horne, Registered Manager and Caron McKay, Regional Operations Director, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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> <p>Ref: Sections 6.1 and 6.3</p>
	<p>Response by registered person detailing the actions taken: Strict protocol measures are now in place. Staff have been issued with supervision for this, staff understand the importance of conducting the observations at all times, understanding the importance that when return from hospital the observations are continued within the 24 hour period.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 3 November 2019</p>	<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: Sections 6.1 and 6.3</p>
	<p>Response by registered person detailing the actions taken: A robust measure has been added to the daily managers walk round. Staff have been issued with a supervision on the importance of infection control and to minimise the risk and spread of infection. An audit is now in place and is conducted by the head of house keeping weekly and actions recorded.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</p>	<p>The registered person shall ensure that there is a clear system in progress to monitor care staffs' registration with NISCC.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Matrix has been revised and restructured. New matrix is in place. NISCC checks monitored monthly and signed off by the Home Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</p>	<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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: New file is in place in all units, clear guidelines from NICE enclosed. TVN has also included information for these files. Monthly wound care audit also in place which is reviewed by the home manager and signed off.</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 44</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</p>	<p>The registered person shall ensure that audits are conducted to review patients' accessibility of pull cords in the home and an ongoing system is in place to monitor the accessibility of the pull cords.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: This has now been included to the home manager's walk round. Staff have also been reminded on the importance of ensuring that that pull cords are in place at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</p>	<p>The registered person shall ensure that dining audits are conducted to include review of the quality of evening meals and the availability of cutlery.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Menus have been revised and more choice is now available to residents. Audits are being conducted on a weekly basis and the quality of meals are sampled and checked by internal compliance included on the Reg29 visits. Regular purchase of cutlery is in place.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care