

Unannounced Care Inspection Report 7 January 2021



Clifton Nursing Home

Type of Service: Nursing Home

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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 nursing home 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: Gail Chambers, Manager
Person in charge at the time of inspection: Gail 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: 46

4.0 Inspection summary

An unannounced inspection took place on 7 January 2021 from 10.10 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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	*4

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gail Chambers, Manager and Gavin O'Hare Connolly, Responsible Individual, 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.

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.

During the inspection the inspectors met with 10 patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 3 January 2021
- staff training records
- staff supervision file
- a selection of quality assurance audits
- incident and accident records
- activity planner
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- five patients' care records
- two supplementary care records.

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 persons in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 24 June 2020. No further actions were required to be taken following the most recent 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 14 (2)(a)(c) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Domestic's trolleys had been stored appropriately when not in use and had been safely maintained with domestic staff when in use.	
Area for improvement 2 Ref: Regulation 27(4) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The storage of manual handling equipment did not impede on any fire exits within the home.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: A review of two patients' repositioning records evidenced that this area for improvement has not been met. This will be discussed further in section 6.3. This area for improvement has not been met and has been stated for a second time.	

6.2 Inspection findings

Staffing

The manager confirmed that the staffing levels and skill mix in the home was determined by reviewing patients' dependency levels. Patients' dependency levels had been monitored on a monthly basis and a review of the duty rota for week commencing 3 January 2021 evidenced that the home was staffed above the levels identified as required within the checks. Nine staff consulted during the inspection were of the opinion that patients' needs were met with the current staffing levels. Patients we consulted with spoke positively on the care they received and raised no concerns in relation to the staffing arrangements. We did not receive any responses from patient/patient representative questionnaires or staff online survey. Patients' needs and requests for assistance were observed to be met in a timely manner.

Staff confirmed that they had a good understanding of their roles in the home and were aware of the expectations of their role. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Training had been provided in a variety of ways; face to face taking social distancing into consideration, electronic learning and through remote teaching via video link. Staff spoke positively of recent training conducted in relation to the management of dementia.

All staff consulted confirmed that they had received an annual work appraisal. Some of the staff we spoke with were unfamiliar with the term 'supervision'. The manager agreed to ensure that this was addressed with staff. A staff supervision file was available containing multiple completed individual and group supervisions. We discussed the use of a matrix to easily track and ensure that all staff received, at minimum, two recorded supervisions per year.

Care delivery

Patients we consulted within the home were presented well in their appearance. There was a relaxed environment on all three units. Staff were observed attending to patients' needs in a compassionate and caring manner. Patients spoke positively in relation to engagements with the staff. One told us, "They are all very good to me. I love them all".

We discussed the provision of activities with the activities coordinator. There were two activity coordinators employed in the home. Activities provided included reminiscence, artwork, singalongs, picture shows and bingo. Due to social distancing measures groups of seven patients only could be facilitated at a time. The activity coordinator also confirmed the measures in place to facilitate one to one activities with patients and especially those with a dementia. Activity sessions were facilitated during mornings and afternoons.

An area within the Toby Hurst unit had been set up to facilitate indoor visiting. Visitors could enter the area from outside the home as a safety measure reducing footfall in the home. A screen was set up between the visitor and the patient as an additional protective measure and a microphone and speaker was available to aid communication. The manager confirmed that visiting was conducted in accordance with Department of Health guidance. The manager also confirmed that they were open to the concept of care partners but that to date no relatives had requested to avail of this.

Care records

Review of five patients' care records evidenced that in the main individualised and comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. However, we reviewed the care plans in place for two patients who required assistance with pressure management. The first patient required the use of a pressure relieving mattress; we observed that this mattress type and the pressure setting was not recorded within the patient's care plan. The second patient's care plan had not been updated to reflect an amended repositioning regime as recorded on the repositioning record. Staff confirmed that the recorded regime on the repositioning chart was correct and that the care plan had not been updated. An area for improvement identified at the previous inspection in relation to repositioning will be stated for a second time.

The care records for one patient, who had been readmitted after a period of time away from the home, evidenced that the patient's risk assessments and care plans had not been reviewed on readmission to ensure that their previously assessed needs had not changed. This was discussed with the manager and an area for improvement was made.

The wound care records reviewed for the management of an ongoing wound evidenced that these had been accurately and consistently maintained. Relevant referrals to the tissue viability nurse (TVN) had been made and incorporated within the care records.

Infection prevention and control measures

On arrival temperature checks were carried out and recorded. Hand hygiene was available at the entrance to the home. Personal protective equipment (PPE) such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis.

Staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Regular hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. Staff confirmed that they did not move between units in the home unnecessarily as a measure to minimise footfall in each of the units. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE.

The home was generally clean and tidy. Compliance with IPC measures had been well maintained. Isolated IPC concerns were managed during the inspection; however, an area for improvement was made to ensure that shower chairs were cleaned effectively following use.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. Corridors and stairwells were clear of clutter and obstruction. The responsible individual confirmed that plans were in place to refurbish the home in its entirety.

Boxes of patient care records had been left on top of a filing cabinet in the Toby Hurst unit. These records were accessible to any person passing by. This was discussed with the manager and identified as an area for improvement to ensure patient confidentiality was maintained and to ensure that the storage of records was in keeping with General Data Protection Regulations.

During the review of the environment, the doors leading to three rooms, containing hazards which could potentially be harmful to patients, were observed to be open and accessible to patients. This was discussed with the manager and identified as an area for improvement.

One patient's behavioural pattern was identified as potentially placing other patients and staff in the home at risk of harm. We discussed this with the manager and an area for improvement was made to ensure that the patient's plan of care was reviewed to minimise this risk. No patients or staff had come to any harm as a result of this behaviour.

Leadership and governance

The responsible individual outlined plans regarding a proposed change to the operational and management arrangements in the home. During discussion it was emphasised that any change to the current agreed arrangements will be subject to the submission of an appropriate application to RQIA for review and approval. A new manager has been appointed and has been given a commencement date which facilitated the existing manager in providing a period of induction. It was agreed that a Notification of Absence would be submitted in respect of the manager. We reminded senior management that a formal notification of the planned change to management arrangements must be submitted to RQIA prior to the change. RQIA will continue to monitor the impact of any change to these arrangements.

The manager was supported in the home by two deputy managers. Staff consulted confirmed that they would have no issues in raising any concerns with the managers in the home.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. A monthly accident analysis had been completed to identify any patterns or trends to potentially prevent further falls from occurring where possible. We discussed the relevance of adding in the precise location of the fall to this analysis. The manager agreed to have this incorporated into future analysis.

A monthly restraint audit was completed to ensure that any restrictive practice in use in the home remained relevant. A monthly bedrail audit had also been completed. Staff were aware which patients required and could safely have the use of a bedrail as part of their care plan.

A system was in place to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council and care workers with the Northern Ireland Social Care Council. One staff member's name missing from the checklist was verified as registered during the inspection.

Areas for improvement

Areas for improvement were identified in relation to record keeping, review of one individual's care, cleanliness of shower chairs and patients' access to rooms containing potential hazards.

	Regulations	Standards
Total number of areas for improvement	2	3

6.3 Conclusion

The atmosphere in the home was relaxed in all three units. Staff were observed attending to patients in a caring and compassionate manner. Compliance with IPC had been well maintained. Staff had received IPC training and training in the use of PPE. The staffing arrangements in the home were suitable to meet the needs of patients. Management arrangements in the home were pending change and arrangements were in place to ensure an induction of the incoming manager. Three areas for improvement were identified in relation to record keeping; one of which has been stated for the second time. Additional areas for improvement are identified in relation to the review of one individual's care, cleanliness of shower chairs and patients' access to rooms containing hazards.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gail Chambers, Manager and Gavin O'Hare Connolly, Responsible Individual, 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 15 (2) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients' risk assessments are reviewed upon readmission to the home. The updated risk assessments must inform the patients' care plans. Ref: 6.2
	Response by registered person detailing the actions taken: New form in place for staff to complete for a resident who returns from hospital. These forms once completed will be brought to the manager at morning flash meetings. The Manager will then verify that care plans and risk assessments have been completed. In the absence of the Manager the Deputy will complete. The Home Manager has completed a supervision with both Deputy Managers, in relation to their monitoring, and verification of the return from hospital updates, to ensure that care plans and risk assessments are reflective of any change in needs.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients do not have access to rooms containing hazards which could be potentially harmful to their health. Ref: 6.2
	Response by registered person detailing the actions taken: Signage in place, compliance is monitored through daily walk rounds by the home Manager. Allocation sheets also identify a staff member who has responsibility during shift to ensure that the storerooms remain locked when not being accessed at all times. The Nurse in charge will also monitor compliance through the day. This will be discussed and recorded also in the morning flash meetings to ensure communication to all staff.
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: Second time To be completed by: 21 January 2021	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. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: Repositioning charts are brought to the manager each morning at flash meetings, for the day previous. The Manager will review random selection and sign off. In the absence of the Home

	<p>Manager, the Deputy Manager will complete this action. Each repositioning chart will state the frequency of repositioning, in accordance with the care plan for the individual resident. Nurse in charge will check and sign the repositioning charts twice within the shift to ensure compliance with the prescribed care plan.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all shower chairs in the home are cleaned effectively following each use.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: New cleaning schedules given to and discussed with the Head Housekeeper. Cleaning schedules include area for completion for checking of shower chairs on daily basis. This has been discussed Cleaning schedules will be brought to the manager each day to sign off. The Manager will randomly select shower chairs to check on her daily walk round and will record findings on daily walk round form. Again in absence of the the Manager, the Deputy Manager will complete actions.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2021</p>	<p>The registered person shall ensure that patient records are stored appropriately and not left unattended to protect the confidentiality of patients in keeping with General Data Protection Regulations.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All records have been moved and locked in an archiving store. Any records over 2 years old have been boxed and transferred to our central storage.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2021</p>	<p>The registered person shall ensure that the identified patient's plan of care is reviewed to ensure their safety and that of other patients is maintained.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The identified patient's care plan and risk assessment was reviewed and updated and is reflective of current needs in relation to patient safety. Monthly care plan audits are completed by the Home Manager/Deputy Manager to audit and evidence that staff are continually reviewing patients' care plans and risk assessment monthly, or on any change in well being.</p>

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



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