Unannounced Follow Up Care Inspection Report
31 July 2017

Clifton Nursing Home

Type of Service: Nursing Home
Address: 2a Hopewell Avenue, Carlisle Circus, Belfast, BT13 1DR
Tel no: 028 9032 4286
Inspector: Heather Sleator and Elaine Connolly

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd **Responsible Individual(s):** Mr Gavin O'Hare-Connolly (Acting)	**Registered Manager:** See below
Person in charge at the time of inspection: Catherine McCorry	**Date manager registered:** Miss Catherine McCorry –Registration Pending
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 registered places:** 60 – NH-I 40 – NH-DE A maximum of 4 patients in the category NH-PH

4.0 Inspection summary

An unannounced inspection took place on 31 July 2017 from 10.40 to 16.30 hours.

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.

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement identified during the previous care inspection on 5 and 6 April 2017, to re-assess the home's level of compliance with legislative requirements and the Care Standards for Nursing Homes. The inspection also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The focus of the inspection was centred in the Toby Hurst and Donegal units. As a result of the inspection of 5 and 6 April 2017, RQIA were concerned that the quality of services within Clifton Nursing Home was below the minimum standard expected regarding the impact on care of staffing arrangements and the assessment of need and care planning process. A serious concerns meeting was held in RQIA on 13 April 2017 and assurances were given by representatives of Runwood Homes Ltd that the issues identified would be addressed.

The following areas were examined during the inspection:

- staffing – including staffing arrangements and the deployment of staff
- care records – including the management of hydration
- governance arrangements including the review of quality audits

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	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Catherine McCorry, Manager, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 5 and 6 April 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 and 6 April 2017.

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 inspector met with 13 patients and11 staff. There were no patients representatives who wished to speak with the inspectors at the time of the inspection. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- a review sample of staff duty rotas
- five patients care records
- supplementary care charts
- complaints received since the previous care inspection
- a review of quality audits including complaints, accidents and wound care management
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland (2005)

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 most recent inspection dated 5-6 April 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector. Refer to section 6.2 for further detail.

6.2 Review of areas for improvement from the last care inspection dated 5 – 6 April 2017

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) (a) **Stated:** First time	The registered provider must ensure that the staffing arrangements reflect the dependency levels and needs of patients, at any time, throughout a 24 hour period.	**Met**
	Action taken as confirmed during the inspection: A review of the staffing arrangements and observation of the delivery of care evidenced that staffing arrangements were satisfactory. Refer to section 6.3	
Area for improvement 2 **Ref:** Regulation 15 (2) (a) and (b) **Stated:** First time	The registered provider must ensure that the assessment of patient need is kept under review and revised to reflect patients' changing needs.	**Met**
	Action taken as confirmed during the inspection: The review of five patient care records evidenced that the assessment of patient need, including risk assessments had been reviewed and updated on a regular basis to reflect patient need.	

Area for improvement 3 **Ref:** Regulation 16 (1) and (2) **Stated:** First time	The registered provider must ensure that patients' care plans accurately reflect the current and/or changing needs of the patient and evidence is present of regular evaluation of care.	**Met**
	Action taken as confirmed during the inspection: The review of five patient care records evidenced that care plans had been written as informed by an assessment of need and evidenced regular evaluation.	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 35.6 **Stated:** Third time	The registered person should ensure that management implement a systematic approach to the auditing of care records. Where shortfalls are identified the audit should evidence that remedial action had taken place.	**Met**
	Action taken as confirmed during the inspection: The review of quality audits completed in respect of patient care records evidenced a more robust system had been implemented and where a shortfall had been identified, remedial action had been taken.	
Area for improvement 2 **Ref:** Standard 4.8 **Stated:** Second time	The registered provider should ensure that care records reflect the desired daily fluid intake for each patient and at what stage further action needs to be taken.	**Partially met**
	Action taken as confirmed during the inspection: The review of patient care records evidenced that all patients had an identified desired daily fluid intake which was monitored by staff. However, further clarification is required regarding the action to be taken when the desired target is not met. Refer to section 6.3	

Area for improvement 3 **Ref:** Standard 46.2 **Stated:** First time	The registered provider should ensure that in accordance with infection prevention and control procedures that the personal protection equipment (PPE) units throughout the home are fully stocked and readily accessible for staff to use.	**Met**
	Action taken as confirmed during the inspection: Observation of the premises evidenced that PPE units throughout the home were adequately stocked.	
Area for improvement 4 **Ref:** Standard 13.2 **Stated:** First time	The registered provider should ensure that in respect of the safety and wellbeing of patients, a new lock is fitted to the identified lounge door so as staff can override the mechanism and gain access to the room, if and when needed.	**Met**
	Action taken as confirmed during the inspection: Observation of the identified door during evidenced that the issue had been addressed and the safety and wellbeing of patients was no longer at risk due to the locking mechanism.	
Area for improvement 5 **Ref:** Standard 5.1 and 5.2 **Stated:** First time	The registered provider should ensure that the use of key coded entries to the individual units in the home is reviewed to ensure that the liberty of patients is not unduly affected.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the organisations response in the quality improvement plan evidenced that patients could freely gain entrance and exit in Toby Hurst unit and patients in Donegal who were assessed as not requiring assistance to go out were given the code to the door.	

Area for improvement 6 **Ref:** Standard 48.1 **Stated:** First time	The registered provider should ensure that the home's fire safety risk assessment is reviewed and updated, as necessary, regarding the key coded locking system on the doors to the Donegal and Toby Hurst units.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the organisations response in the quality improvement plan evidenced that the fire risk assessor had taken the key coded entry to Toby Hurst and Donegal units into consideration in August 2016 when undertaking the fire risk assessment of the home.	
Area for improvement 7 **Ref:** Standard 35.6 **Stated:** First time	The registered provider should that he quality auditing systems, for example; complaints, restrictive practice, safeguarding referrals, evidence that where a shortfall had been identified, through audit, that remedial action had been taken and verified by the manager.	**Met**
	Action taken as confirmed during the inspection: A review of the governance and quality auditing arrangements in the home evidenced that where a shortfall had been identified remedial action had been taken and validated by the manager.	

6.3 Inspection findings

Staffing arrangements

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 24 July 2017 evidenced that the planned staffing levels were adhered to. In discussion with the manager, it was stated that a dependency assessment of patients' needs had not recently been undertaken. Discussion also focused on the current models in use to assess patients' dependency. The manager was advised to source a validated assessment tool which she deemed suitable to reflect the needs of the patients. The manager agreed to do this and complete an overall dependency rating for patients in the home.

Discussion with staff confirmed that staff were satisfied with the staffing arrangements and deployment of staff in the home. Comments included, “Great teamwork,” “Things are very much better,” and, “Good manager.” There was one exception whereby a staff member commented, “It’s an everyday thing, still no staff in the afternoon.” In discussion with the staff member it was stated that the number of care assistants on duty reduced by one care assistant from 14.00 hours. The staff member felt this arrangement meant it was difficult to get the assistance of another staff member for attending to patient care. The staff member also stated they were unable to go for a meal break until the other staff had returned from theirs. The manager agreed to address the issue raised by the staff member.

There was no evidence in respect of patient care being unduly affected due to the staffing arrangements and the deployment of staff, at the time of the inspection. There was a calm and organised atmosphere in both Toby Hurst and Donegal units. Patients were well groomed and expressed their satisfaction with the care afforded to them by staff. Staff were observed responding to requests for assistance from patients promptly and sensitively. One patient did comment, “Sometimes you have to wait a wee while for them (staff).” The findings in respect of the staffing arrangements were discussed with the manager and an area for improvement was identified. It was advised that a current dependency assessment should be completed to determine the staffing arrangements and that staffing arrangements and the deployment of staff should be discussed at a staff meeting, as this may aide staff morale and provide clarity as to how the staffing arrangements for the home are devised.

Areas of good practice

Areas of good practice were identified in relation to communication between staff and communication between staff and patients and staffing arrangements, infection prevention and control and risk management.

Areas for improvement

An area identified for improvement was in relation to the completion of a patient dependency rating so as to provide accurate information to calculate staffing arrangements for the home.

	Regulations	Standards
Total number of areas for improvement	0	1

Quality of care delivery, care practices and care records

A review of five patient care records evidenced that risk assessments were accurately and consistently completed and reviewed in accordance with changes in the patient’s condition. Care plans were reviewed in response to the changing needs of patients.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), speech and language therapist (SALT), dietician and tissue viability nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record.

Care plans for a patient's elimination needs were reviewed. Care plans detailed a continence management plan and patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

A review of the wound care management of two patients evidenced that the management of wound care was in accordance with professional guidelines. Evidence was present of consultation with the tissue viability nurse specialist (TVN) and care plans reflected the TVN's recommendations. Wound assessment and treatment records were maintained in accordance with the prescribed dressing regime.

An area of improvement in accordance with the care standards was identified in relation to the management of hydration. The review of patient care records evidenced that a desired daily fluid target had been identified for patients. However, the review of the corresponding care plan did not evidence the action to be taken if or when the desired daily fluid intake was not achieved. The review of patients' progress recordings evidenced that the desired daily fluid intake for two patients had not been achieved for three days or more and registered nurses did not make a record of the action they had taken when the fluid intake was inadequate. This was discussed with the manager who stated there was some confusion regarding calculating the desired daily fluid intake for patients. The manager was advised to discuss the matter with other professionals; for example dietician, and the staff team.

Personal or supplementary care records were maintained on a computerised record. The review of the records evidenced that; for example, staff were reporting on the condition of a patient's skin following repositioning and that there was no evidence of significant 'gaps' when recording on repositioning. There was evidence that staff were reporting on patients nutritional and fluid intake and that this information was being monitored by the registered nurses.

In discussion with the registered nurses they stated there was some confusion regarding the care planning process. Nursing staff felt they had received conflicting information, from various sources, over the last few months regarding care planning and were unsure as to what was the correct model of care planning to implement. This was discussed with the manager who was advised to meet with nursing staff and agree a model of care to implement so as to ensure consistency of approach to care planning and the delivery of safe and effective care for patients. This was identified as an area for improvement, in accordance with the care standards.

Areas of good practice

Areas of good practice included the approach to record keeping and communication between residents, staff and patient representatives.

Areas for improvement

Areas for improvement were identified in relation to the management of hydration within patient care records and that clarity should be provided to registered nurses regarding the care planning process

	Regulations	Standards
Total number of areas for improvement	0	2

Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice room, storage rooms and communal areas. The areas reviewed were found to be clean and warm and a homely atmosphere was evident throughout.

Areas of good practice

There were examples of good practice in relation to the cleanliness of the home and good infection prevention and control measures

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Governance arrangements

A review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Records were maintained of all complaints and there was evidence in respect of communication with the complainant, the result of any investigation and action taken and if the complainant was satisfied with the outcome. There was evidence that the manager completed a monthly audit of the complaints record.

A review of records regarding the management of adult safeguarding concerns and referrals evidenced that a system had been implemented to record and identify the nature of the safeguarding referral, the result of any investigation and action taken as a result and the learning outcomes for the home and staff team. A safeguarding investigation was being undertaken by Belfast Health and Social Care Trust. RQIA are not part of the investigatory process however we have been kept informed at all stages of the investigation.

Discussion with the manager and review of records evidenced that a more robust system to monitor and report on the quality of nursing and other services provided had been established. The review of the system evidenced that the system was effective. For example, audits were completed in relation to care records, complaints, accidents/incidents, falls analysis, restrictive practice, the environment and infection prevention and control measures. The audits viewed were complete and remedial action had been taken where a shortfall was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Consultation with patients and staff

Staff interactions with patients were observed to be caring and positive. Staff were observed speaking to patients in a friendly and sensitive manner. Staff responded to patients call for assistance quickly and staff were observed attending to a patients request for medication immediately. Call bells were also answered in a prompt manner. The staffing arrangements and deployment of staff as observed during the inspection had a positive impact on the delivery of compassionate care experienced by patients. This included the dining experience, the appearance of patients and level of personal care afforded and the timely response, by staff, to patients either by attending to individuals needs in communal areas or responding to patient call bells.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors met with 13 patients, five care staff, five registered nurses and one housekeeper.

Staff

All staff spoken with indicated that the care and other services provided in the home were good. Staff advised that the staffing arrangements were adequate to meet the needs of the patients, with the exception of one staff member who felt the home remained short staffed in the afternoon. Staff stated that the manager was supportive and approachable; felt that the home was improving following management changes and that staff work as a team.

Comments received included:

“Great teamwork.”
“Good manager.”
“Things are very much better.”

Patients

All patients spoken with commented positively about the home; the care they received and that staff were kind and respectful. Patients were observed siting in the lounges, dining rooms and/or their bedroom, as was their personal preference. Patients appeared well dressed and commented that they had enjoyed their lunch, were offered a choice at mealtimes and were happy in the home.

Questionnaires were also left in the home to obtain feedback from patients, patients’ representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution. There were no questionnaires completed and retuned to RQIA at the time of issuing the report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Catherine McCorry, Manager, 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 DHSSPS 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 to via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 11 September 2017	The registered person shall ensure that staffing arrangements for the home are calculated following the completion of a patient dependency assessment, using a validated assessment tool. **Ref: Section 6.3**
	Response by registered person detailing the actions taken: Dependency assessment tool is used for each client on admission and reviewed at least monthly. Staffing levels are then calculated to ensure safe and effective care is provided to each client.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 11 September 2017	The registered person shall ensure that the management of hydration is in accordance with professional guidelines. The desired daily fluid target is calculated using a validated and current tool. Care plans should evidence the action to be taken should the desired daily fluid target not be attained. The progress record should reflect the outcome of any action taken regarding the management of hydration. **Ref: Section 6.3**
	Response by registered person detailing the actions taken: Fluid target is calculated using a validated tool. Each resident's daily fluid target is montiored over a 24hr period. Staff have been instructed to act promptly when this target is not met. This action is reflected in the residents care plan evaluation/daily progress notes and RAP report.
Area for improvement 3 **Ref:** Standard 4.8 and 4.9 **Stated:** First time **To be completed by:** 11 September 2017	The registered person shall ensure that the manager and the team of registered nurses clarify expectations regarding the model of nursing in use so as there is no ambiguity regarding this and a consistent approach to care planning is in evidence. **Ref: Section 6.3**
	Response by registered person detailing the actions taken: Registered nurses have been instructed to use ADL nursing model. This model is available on the Epicare system. Management continue to audit and review the context of care plans. Ongoing supervision and support is provided to the registered nurses.

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

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