

Unannounced Care Inspection Report 25 October 2016



Redburn Clinic

Type of Service: Nursing Home

Address: 89 Belfast Road, Ballynahinch, BT24 8EB

Tel no: 028 9756 3554

Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Redburn Clinic took place on 25 October 2016 from 10.00 hours to 16.45 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Improvements are required in the management of the environment, in relation to a bathroom being used as a store and the replacement of the carpet on the stairs and landing area. Two requirements have been made in this domain for a second time.

Is care effective?

Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning and wound care. The same deficits were identified in two previous inspections conducted on 29 July 2015 and 04 July 2016. Given the lack of response to regulation in this regard a discussion was held with senior management in RQIA regarding the inspection findings. A decision was made to hold a concerns meeting with the registered persons in RQIA offices on 28 October 2016 to discuss the issues raised and to discuss the actions required to drive improvement.

Two requirements and one recommendation are made in this domain. One of the requirements is stated for a third and final time in relation to ensuring care records are updated following a change in their circumstances or condition. One requirement is made in relation to wound care and the one recommendation is made in relation to ensuring the identified care records are updated as detailed in section 4.4 of the report.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff stating they felt valued and well cared for. A number of their comments are included in the report. The atmosphere in the home was calm and the routine was well organised. Patients confirmed there was plenty of entertainment in the home and that there were regular activities encouraged. There were no requirements or recommendations made in this domain.

Is the service well led?

A number of improvements are required within this domain to provide an assurance that the service is well led. As discussed in both the safe and effective domains one requirement previously stated twice continues to be non-compliant. The lack of response to regulation is of significant concern as this has the potential to impact upon patients' health and welfare. In total five requirements are made, one for the third and final time and two previous requirements are stated for a second time.

A recommendation is also made that the registered manager is supported in their role to ensure compliance with the requirements and recommendations made and that progress in compliance with the requirements and recommendations is monitored and recorded as part of the Regulation 29 monthly monitoring visits.

A further unannounced inspection will be undertaken to validate that compliance has been achieved and sustained.

The term 'patients' is used to describe those living in Redburn Clinic, which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*5	2

One of the above requirements is stated for a third and final time. Two of the above requirements are stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michael Bagood, registered manager, and Heather Murray, regional manager by telephone following the inspection as part of the inspection process. The timescales for completion commence from the date of inspection.

A concerns meeting was conducted with the registered provider as a result from the findings of this inspection and was held on 28 October 2016 in RQIA offices.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There is one ongoing safeguarding issue, the management in the home are currently co-operating with the investigation and all relevant bodies have been formally informed.

2.0 Service details

Registered organisation/registered person: Spa Nursing Homes Ltd Christopher Philip Arnold	Registered manager: Michael Bagood
Person in charge of the home at the time of inspection: Josephine Russell nurse in charge from 10.00 hours Michael Bagood from 12.30 hours	Date manager registered: 11 March 2015
Categories of care: RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI A maximum of 2 persons in Residential categories RC-I and RC-PH.	Number of registered places: 27

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 18 patients, four care staff, one registered nurse, two kitchen staff members one laundry assistant and three visiting relatives. Questionnaires were also forwarded to eight staff, three relatives and six patients.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- care record audits

- records relating to adult safeguarding
- complaints records
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction records
- staff, patients' and relatives' meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This will be further validated at the next pharmacy inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 04 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered provider must ensure that all staff has a reference from their most recent employer prior to them commencing employment.	Met
	Action taken as confirmed during the inspection: A review of one staff member's staff personnel folder evidenced that references were received prior to them commencing employment.	
Requirement 2 Ref: Regulation 14 (2) Stated: First time	The registered provider must ensure that visitors/patients cease to use the laundry area as a means of access to the home. The front door should be repaired as a matter of urgency.	Met
	Action taken as confirmed during the inspection: The front door has been repaired and visitors/patients/staff now use the main entrance door as a means of access to the home.	

<p>Requirement 3</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the use of the identified bathroom is clarified and the room should be maintained in keeping with best practice. If a change of use of the room is required then an application should be applied for to the RQIA registration team.</p> <p>Action taken as confirmed during the inspection: The identified bathroom was evidenced to still be used to store equipment and clean linen. The use of the room has not been clarified and a minor variation application regarding the change of use of the room has not been received by RQIA. The room should therefore be maintained as a bathroom until approval to change it to a store has been approved by the RQIA. This requirement is made for a second time.</p>	<p>Not Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the carpet to the stairs and landing is replaced.</p> <p>Action taken as confirmed during the inspection: The carpet to the stairs and landing has not been replaced. This requirement is stated for a second time.</p>	<p>Not Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: Second time</p>	<p>The registered provider must ensure that care records are updated as changes to condition occur.</p> <p>The registered provider must ensure made that identified care records are updated and that care all care records are maintained up to date in keeping with patients' needs.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that the identified care records were updated following the previous inspection. However a review of three care records evidenced that they were not updated as changes to patients' conditions occurred. This requirement was stated for a third and final time.</p>	<p>Partially Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21 Stated: First time	The registered provider should ensure that the formal evaluations of care should contain more detail of the outcomes for patients.	Met
	Action taken as confirmed during the inspection: A review of three care records evidenced more detail in relation to the outcomes for patients.	
Recommendation 2 Ref: Standard 7 Stated: First time	The registered provider should ensure that patients/relatives meetings are reintroduced.	Met
	Action taken as confirmed during the inspection: A review of the minutes of the patients/relatives meetings evidenced that a patient/relatives meeting was held on 5 October 2016.	
Recommendation 3 Ref: Standard 35 Stated: First time	The registered provider should conduct further care plan audits to ensure they are updated as appropriate and in a timely manner.	Partially Met
	Action taken as confirmed during the inspection: Care plan audits have increased; however, the quality of the audits conducted did not highlight the deficits identified during the inspection. Care plan audits are required to be robust and reflect details of the care record. A requirement is now made in this regard.	

4.3 Is care safe?

A review of the staffing rota for week commencing 17 October 2016 and 24 October 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

One personnel file of staff currently employed in the home was reviewed. All of the required information was observed to be in place prior to them commencing employment. This included references, (one from the most recent employer) the required pre-employment checks and confirmation of registration with their professional body.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. One safeguarding issue is currently ongoing and is being managed in keeping with the required protocols.

A review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

A review of three care records evidenced some deficits which are required to be addressed as a matter of urgency. This is discussed in more detail in section 4.4.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

A requirement was made in relation to an identified bathroom which was being used as a store in the previous inspection on 4 July 2016. A review of this area found it to be used in the same manner, equipment was being stored in this area; alongside clean linen, a mattress and continence products. The registered manager had indicated during the previous inspection that an application would be forwarded to RQIA detailing the change of use of this bathroom to a store room. The application has not been received by RQIA and until this is approved the bathroom should not be used to store equipment. This requirement is stated for a second time.

The carpet on the stairs and landing are also required to be replaced they are worn and stained and cannot be cleaned. It was agreed during the inspection on 04 July 2016 that this area would be refurbished. This has not yet been completed and should be completed as a priority. A requirement is made in this regard for a second time.

Areas for improvement

Two requirements have been made for a second time in this domain.

Number of requirements	2	Number of recommendations	0
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However the care records reviewed were not all updated following the assessed needs of patients. The following issues were raised and discussed with the registered manager.

One patient's care plan was not updated following a change in their assessed need in relation to the consistency of their food. The care plan stated the patient should receive a soft diet however, this had been reassessed and the patient was assessed as requiring a normal diet. Another patient was assessed as being constipated, however this problem was written in conjunction with a care plan reflecting an indwelling catheter. The care plan did not detail the care delivery required to manage the constipation. The care plan was not specific enough to direct care delivery.

None of the care records reviewed identified that a bowel assessment was fully completed as required.

There was no evidence that when the home was contacted by a medical centre to advise of the results of test outcomes that results were entered into patient care records.

One patient with a pressure ulcer did not have their care plan updated following reviews by a podiatrist. The most up to date recommendations were not included in the patient's care plan. There was no initial wound assessment, nor ongoing wound assessment completed since 2 October 2016. Prior to this the ongoing wound assessment was not completed since May 2016. There was evidence in the daily notes that the dressing was redressed on alternate days. However, the record did not always contain sufficient detail of the state of the wound or the dressing regime used.

One care record reviewed of a patient recently admitted contained a good assessment of needs. Care planning was reflective of their needs and was being updated as staff got to know the patient and their nursing needs.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Areas for improvement

Deficits in care planning had been identified following two previous inspections to the home on 29 July 2015 and 04 July 2016. The requirement to ensure that care plans are updated following change in needs of patients is therefore stated for a third and final time. A further lack of compliance with this regulation will lead to enforcement action being taken.

A concerns meeting was planned for 28 October 2016, with the registered responsible person and the registered manager to provide an action plan and assurances that the improvements would be made to address the deficits in care planning.

Number of requirements	2	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients confirmed there was plenty of entertainment in the home and that there were regular activities encouraged.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. A patient/relatives meeting was held recently on 5 October 2016, the minutes were shared with those unable to attend on an information board displayed in the front foyer of the home.

Consultation with 18 patients both individually and in smaller groups, confirmed that they felt well cared for. One patient returned a completed questionnaire.

Some patient comments made were as follows:

- "I am very happy here"
- "staff are very good to me"
- "we are very well looked after"
- "staff are very kind"
- "this is a great place"
- "the food is excellent"
- "I feel safe and am very comfortable here"

There were no completed relatives questionnaires returned. Three visiting representatives made the following comments:

- "I think my Is very well cared for and is treated with respect"
- "the carers couldn't do enough for me and my"
- "I think this is a great home, I am confident that the care is good"
- "I don't think there is anywhere better"

Six staff returned completed questionnaires. All staff on duty were spoken with. Comments made in the returned questionnaires and during discussion with staff were as follows:

- "sometimes staff are under pressure"
- "this is a good home, I love working here"
- "I enjoy my work it is very rewarding"

- “we are well trained”
- “this is a good place to work, the care is good”
- “if we need anything it is not normally a problem in getting it”

One issue raised was discussed with the regional manager, Heather Murray following the inspection who agreed to meet with the staff member.

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and 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. A monthly audit of complaints is conducted; there are currently no unresolved complaints outstanding. A copy of the complaints procedure was displayed in the front foyer in the home.

A review of notifications of incidents to RQIA during the previous inspection year confirmed that these were managed appropriately. Discussion with the registered 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. One safeguarding issue is currently being investigated. All appropriate bodies were informed within the timescales set.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to falls, wound management and care records. Concerns were raised however, regarding the quality of the wound management and care records audits. All three care records reviewed had been audited by the registered manager. The audit records did not identify the deficits identified in section 4.4. Some of the care plans completed were completed by the registered manager and also were audited by the same person. A recommendation was made in the previous inspection of 04 July 2016 that care record audits should be increased to ensure care plans are updated appropriately. A requirement is now made that quality audits are conducted by a person not completing the care plan in order to ensure transparency. Quality audits should be conducted in order to drive improvement in the overall management of care records. An action plan should be generated and presented to the person completing the plan of care to amend. A record should

be maintained of the action taken alongside the date and verification by the auditor that the record is maintained in keeping with best practice. The results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there should be evidence that the necessary improvements are embedded into practice.

A recommendation is made that the registered manager is supported in their role to ensure compliance with the requirements and recommendations made during this inspection and that progress in compliance with the requirements and recommendations is monitored and recorded as part of the Regulation 29 monthly monitoring visits.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

There is one requirement and one recommendation made in this domain.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michael Bagood, registered manager, and Heather Murray, regional manager by telephone following the inspection as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP through the [webportal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 15 (2) Stated: Third time and final time To be completed by: 30 November 2016	The registered provider must ensure that care records are updated as changes to condition occur. The registered provider must also ensure made that identified care records are updated and that care all care records are maintained up to date in keeping with patients' needs. Failure to fully comply with this requirement will lead to enforcement action. Ref: Section 4.4
	Response by registered provider detailing the actions taken: Care files have been reviewed and re-audited to ensure that care records are updated as changes to condition occur. Nurses have undergone further supervision and training in regards to documentation
Requirement 2 Ref: Regulation 14 (2) Stated: Second time To be completed by: 30 November 2016	The registered provider must ensure that the use of the identified bathroom is clarified. Until this is achieved the bathroom should be maintained in keeping with best practice. If a change of use of the room is required then a minor variation application should be sought and submitted to the RQIA registration team. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The variation form has been submitted to the RQIA. Until this is approved, the bathroom will be maintained in keeping with best practice

<p>Requirement 3</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider must ensure that the carpet to the stairs and landing is replaced.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The stair carpet was replaced on 04/11/2016</p>
<p>Requirement 4</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider must ensure that pressure ulcer/wound care is conducted in keeping with the National Institute for Clinical Excellence (NICE) guidelines.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: New documentation has been implemented in regards to wound care and this is audited to ensure compliance with NICE guidelines</p>
<p>Requirement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider must ensure that quality audits are conducted by a person not completing the care plan in order to ensure transparency.</p> <p>Quality audits should be a conducted in order to drive improvement in the overall management of care records.</p> <p>An action plan should be generated and presented to the person completing the plan of care to amend.</p> <p>A record should be maintained of the action taken alongside the date and verification by the auditor that the record is maintained in keeping with best practice. The results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: Further audits have been completed and will evidence any shortfalls and actions to be taken to address. Once these actions have been competed the member of staff signs that they have been addressed fully</p>

Recommendations	
Recommendation 1 Ref: Standard 21 Stated: First time To be completed by: 30 November 2016	<p>The registered provider should ensure all information is accurately and fully recorded in the care records.</p> <p>The following issues should also be addressed;</p> <p>Bowel assessments should be fully completed.</p> <p>The results of specimens taken should be recorded as being received and the results recorded.</p> <p>Ensure each problem identified has a separate plan of care in place to guide staff on care delivery.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Care files have been re-audited to ensure all assessments and documentation have been fully completed and all information has been recorded in the care file</p>
Recommendation 2 Ref: Standard 35 Stated: First time To be completed by: 30 November 2016	<p>The registered provider should ensure that the registered manager is supported in their role to ensure compliance with the requirements and recommendations made following this inspection.</p> <p>Progress in compliance with the requirements and recommendations should be monitored and recorded as part of the Regulation 29 monthly monitoring visits.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: The registered manager continues to have additional support from the Regional Manager and Regional Support Manager. It is clearly documented in the Regulation 29 monthly monitoring reports of progress in regards to compliance with the requirements and recommendations listed</p>

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