

# Unannounced Enforcement Compliance Inspection Report 20 December 2017



## Redburn Clinic

**Type of Service: Nursing Home**  
**Address: 89 Belfast Road, Ballynahinch, BT24 8EB**  
**Tel no: 028 9756 3554**  
**Inspector: James Lavery**

[www.rqia.org.uk](http://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 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 registered nursing home which is registered to provide nursing care for up to 27 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Registered Manager:</b> See comment below.
<b>Person in charge at the time of inspection:</b> Mrs Linda Kelly, acting manager, and Mrs Heather Murray, regional manager.	<b>Date manager registered:</b> Mrs Linda Kelly – acting manager
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 27 comprising NH-I, NH-PH, NH-PH(E), NH-TI

### 4.0 Inspection summary

An unannounced inspection took place on 20 December 2017 from 10.00 to 13.30.

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.

The inspection sought to assess the level of compliance achieved by the home in relation to a failure to comply (FTC) notice issued on 24 October 2017. The areas identified for improvement and compliance with the regulation were in relation to the assessment and review of patients' needs. The date of compliance with the notice was 20 December 2017.

The following FTC notice was issued by RQIA:

**FTC ref: FTC/NH/1287/2017-18/01 issued on 24 October 2017.**

Evidence was available to validate compliance with the failure to comply notice.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Linda Kelly, acting manager, and Mrs Heather Murray, regional manager as part of the inspection process and can be found in the main body of the report.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- the failure to comply notice FTC Ref: FTC/NH/1287/2017-18/01

The following methods and processes used in this inspection include the following:

- a discussion with the acting manager and regional manager
- an analysis of four care records
- a review of monthly accident and incident records
- a review of monthly falls analysis records
- a review of audit processes relating to wound care
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- observation of the daily activity of the home

The inspector observed the majority of patients, some of whom were resting in bed and/or seated in the day lounges. Patients were spoken with individually and in small groups and spoke positively about their care.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the acting manager and regional manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 and 17 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 16 and 17 October 2017

This inspection focused solely on the actions contained within the failure to comply notice issued on 24 October 2017. The areas for improvement from the last care inspection on 16 and 17 October 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

## 6.3 Inspection findings

**FTC Ref: FTC/NH/1287/2017-18/01**

**Notice of failure to comply with regulation 15 (2) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005**

**Regulation 15. – Assessment of patients**

*The registered person shall ensure that the assessment of the patient's needs is –*

- (a) kept under review; and*
- (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.*

In relation to this notice the following six actions were required to comply with this regulation:

- The registered person must ensure that care plans are established and maintained to meet the assessed wound care needs of patients,
- Care plans must be maintained in sufficient detail to direct staff in the provision of wound care to patients,
- The registered person must ensure that wound care is delivered to patients in accordance with the care plan including prescribed care from members of the multiprofessional team,
- The registered person must ensure that all supplementary wound care documentation is accurately completed in a timely manner,
- The registered person must ensure that an accurate record is maintained in relation to the number, type and status of wounds in the home,
- The registered person must ensure that when a patient is identified as 'at risk' of falls that a care plan is established to meet the assessed needs of the patient and that this is kept under review and revised in response to the patient's changing needs.

A review of the care record for one patient confirmed that care plans had been established and maintained to meet their assessed wound care needs. It was noted that, on one occasion, the current wound care plan had been inaccurately referenced in the daily nursing report contained within the patient's care record. This was discussed with the regional manager and the importance of accurate referencing in relation to care plans was stressed. A review of the care record for a second patient who had a history of wound care further evidenced that appropriate care plans had been written and had been regularly reviewed in a timely manner.

Analysis of one patient's wound care plans also demonstrated that they contained sufficient detail to direct staff in the provision of wound care to the patient. It was further observed that all supplementary wound care records for this patient were also consistent with the wound care plans.

Review of the supplementary wound care records for one patient evidenced that wound care was delivered to the patient in accordance with the appropriate care plan. Analysis of the care records for a second patient who had a history of requiring wound care further evidenced that care was delivered in compliance with recommendations from members of the multiprofessional team.

Supplementary wound care records for one patient were reviewed and were found to have been completed and reviewed in an accurate and timely manner. It was noted within one patient's supplementary care records that although the depth of their wound was initially assessed by nursing staff, this was not kept under regular review. This was highlighted to the acting and regional manager and it was agreed that ongoing wound assessment should include this information to ensure consistency.

Review of a monthly management audit in relation to wound care confirmed that on a monthly basis the number, type and status of wounds in the home was reviewed by both the acting and regional manager. This information was also referenced accurately within the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the care records for two patients who were assessed as being at risk of falls evidenced that a care plan had been established to meet the assessed needs of the patients and that these were kept under timely review and revised in response to the patients' changing needs. Although one patient's care records showed evidence of review by nursing staff following an unwitnessed fall, their falls risk assessment had not been updated. The importance of ensuring that all relevant records are reviewed following a fall was discussed and agreed with both the acting and regional manager.

A review of governance records relating to falls management further evidenced 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. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The findings of this inspection and evidence available confirmed that all actions detailed within the failure to comply notice have been met.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Conclusion

Evidence was available to validate compliance with the above failure to comply notice.

### 7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 16 and 17 October 2017. This inspection focused solely on the actions contained within the failure to comply notice issued on 24 October 2017.

### 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 registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 20 December 2017</p>	<p>The registered persons 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 6.2</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that adequate precautions against the risk of fire are taken and that all designated fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.</p> <p>Ref: Section 6.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.2</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>



<b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time <b>To be completed by:</b> 20 December 2017	The registered persons should ensure that the registered manager is supported in their role to ensure compliance with the requirements and recommendations made following this inspection.  Progress in compliance with the requirements and recommendations should be monitored and recorded as part of the Regulation 29 monthly monitoring visits.  Ref: Section 6.2
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time <b>To be completed by:</b> 14 November 2017	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.  Ref: Section 6.2
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard E8 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered persons shall ensure that all patients have access to a nurse call system in both communal lounges.  Ref: Section 6.2
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 14 November 2017	The registered persons shall ensure that patients' care plans in relation to seating are written in a holistic manner and in collaboration with the patient and/or patients' representative.  Ref: Section 6.2
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.</p> <p>Ref: Section 6.2</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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