



# Unannounced Care Inspection Report 5 March 2020



## Clonlee

**Type of Service: Nursing Home**  
**Address: 132 Belfast Road, Muckamore, Antrim, BT41 2ET**  
**Tel no: 028 9446 1166**  
**Inspectors: Sharon McKnight & Helen Daly**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 registered nursing home which provides nursing care for up to 52 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Hutchinson Healthcare Ltd</p> <p><b>Responsible Individuals:</b> Naomi Carey &amp; Janet Montgomery</p>	<p><b>Registered Manager and date registered:</b> Perpetua Latta 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Perpetua Latta</p>	<p><b>Number of registered places:</b> 52</p> <p>There may be a maximum of eight patients in category NH-PH and a maximum of one named resident receiving residential care in category RC-I.</p> <p>The home is also approved to provide care on a day basis to four persons.</p>
<p><b>Categories of care:</b> Nursing Home (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 47</p>

### 4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 09:20 to 16:50 hours.

This inspection was undertaken by a care inspector and a pharmacy inspector.

The term 'patient' is used to describe those living in Clonlee which provides nursing care and also residential care to one named patient.

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

Evidence of good practice was found in relation to the provision and training of staff and their attentiveness to patients. The environment was clean, fresh and safely managed. There were examples of good practice found throughout the inspection in relation to the management of skin care, nutrition and falls. Patients were attended to by their GP and other healthcare professionals as required. Staff were well informed of the needs of the patients.

We observed that patients were offered choice within the daily routine. The activities provided in the home had a positive impact on patients. There were stable management arrangements in place.

There had been a meeting following the last care inspection to discuss the findings and this had been effective at driving the improvement required at that time.

The care inspector identified areas for improvement regarding the systems for checking staff registration with Northern Ireland Social Care Council (NISCC) and the assessment of bedrails.

In relation to medicines management, it was evidenced that three of the four areas identified for improvement at the last inspection had been addressed effectively. The improvements which had been implemented were acknowledged and areas of good practice in relation to the standard of maintenance of the personal medication records and fluid intake charts were identified. However, one area for improvement in relation to governance and auditing systems which had been identified at the last two inspections had not been addressed. In addition four new areas for improvement in relation to out of stock medicines, the management of medication related incidents, medication changes and care planning were identified.

RQIA was concerned that the medication related issues evidenced during the inspection had the potential to affect the health and well-being of patients. A decision was taken to hold a serious concerns meeting to discuss the outcome of the inspection with the registered persons. The meeting was held at RQIA, Belfast office, on 12 March 2020 (See Section 4.1).

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*6	*6

\*The total number of areas for improvement includes one under regulation and three under standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Perpetua Latta, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The evidence seen during the inspection raised concerns that the management of medicines was below the standard expected with regards to:

- the governance and auditing systems
- the stock control of medicines
- the management of medication incidents
- the management of medication changes
- care planning in relation to pain, distressed reactions and adding medicines to food to assist swallow

The registered persons were invited to attend a serious concerns meeting in RQIA on 12 March 2020 to discuss the inspection findings in relation to medicines management and their plans to address the issues identified. The meeting was attended by Naomi Carey, Responsible Individual, Perpetua Latta, Manager, Lynne Mellon, Deputy Manager, and Eddy Kerr, Group Operations Manager.

During the meeting, the registered persons provided a comprehensive action plan to address the concerns raised. Assurance was given that the concerns were being taken seriously by Hutchinson Healthcare Ltd. Following the meeting RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered persons that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### **4.2 Action/enforcement taken following the most recent inspection dated 4 June 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2019. Following this inspection a meeting was held in RQIA, Belfast office, on 10 June 2019 to discuss the inspection findings in detail. The meeting was attended by Naomi Carey, Responsible Individual, Perpetua Latta, Manager, Lynne Mellon, Deputy Manager, and Eddy Kerr, Group Operations Manager.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including medicines management, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You?' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 2 March 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four staff recruitment and induction files
- five patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of monthly visits completed on behalf of the registered provider
- RQIA registration certificate
- records of medicines requested and received
- personal medication records
- medicine administration records
- records of medicines transferred out of the home
- governance and audit arrangements with regards to medicines management
- care plans in relation to distressed reactions, pain and adding medicines to food.

Areas for improvement identified at the last inspection were reviewed and the assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the last care and medicines management inspections**

<b>Areas for improvement from the last care inspection (4 June 2019)</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14(2)(c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>Cleaning chemicals must be stored securely in accordance with COSHH regulations. The registered manager must complete regular checks to ensure continued compliance with this area for improvement. Records should be maintained of these checks.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>No issues were identified with the storage of chemicals during this inspection. Sluice rooms doors were secure.</p> <p>The manager confirmed that following the last inspection regular checks were completed to ensure the doors were kept secured and chemicals were safe. This area for improvement has been met.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(1)(a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Where the outcome of a bedrail assessment identifies that bedrails may pose a hazard, alternatives should be tried and records maintained of what alternatives were considered.</p> <p>If the decision is taken to proceed with using bedrails the rationale for this decision must be recorded.</p>	<b>Not met</b>



	<p><b>Action taken as confirmed during the inspection:</b>                  This area for improvement is in relation to the initial assessment of patients for bedrails. A review of care records evidenced that this area for improvement has not been met and is stated for a second time. This is further discussed in section 6.3 of this report.</p>	
<p><b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15(2)(b)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that following incidents involving bedrails the patient is reassessed, without delay, to determine if the bedrails pose a continuing risk to the patient's safety.</p> <p>Following reassessment any action required must also be taken without delay.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b>                  There have been no recorded incidents involving bedrails since the last inspection. The registered nurses spoken with were knowledgeable of the management of bedrails and the need to reassess patients where risks are identified. Policies have also been updated to include the need for reassessment. The monthly audit of accidents now includes any involvement of equipment, including bedrails. This will provide an additional prompt for reassessment.</p> <p>This area for improvement has been met.</p>	
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.6  <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the registered manager completes regular audits on the recording of enteral feeding regimes to make sure that the improvements made are embedded in practice.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b>                  Records evidenced that this area for improvement has been met.</p>	



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where weight loss is noted staff to review the arrangements around eating and drinking to ensure nutritional needs are met. This review should be reflected in the evaluation of the patient's care plan.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records evidenced that weights were appropriately managed and nutritional needs were being met. This area for improvement has been met.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that following the completion of a bedrail assessment a care plan which clearly identifies how patients' needs are to be met is put in place.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Whilst bedrail assessments were completed care plans did not clearly identify how the patients' needs were being met. This area for improvement has not been met and is stated for a second time. This is further discussed in section 6.3 of this report.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>Following accidents/incidents care records must be updated to reflect any identified risks to patients.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care records reviewed had not been updated to reflect any identified risks to patients following an accident or incident. This area for improvement has not been met and is stated for a second time. This is further discussed in section 6.3 of this report.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 36.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the policy for the management of bedrails is reviewed and updated to ensure that it is in line with best practice.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the current bedrail policy, dated 6 June 2019 evidenced that this area for improvement has been met.</p>		

<b>Area for improvement 6</b> <b>Ref:</b> Standard 36 <b>Stated:</b> First time	<p>The registered person shall ensure that staff are trained in the updated bedrail policy.</p> <p>The registered manager must audit staff compliance with the policy to ensure it is embedded into practice.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Records evidenced that staff had read the policy and signed to confirm they had understood it. However, as deficits were still identified in the assessment and care planning for bedrails the policy has not been fully embedded into practice.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> First time	<p>The responsible person shall ensure that a senior member of staff reviews the accident reports at the time of completion to ensure that all of the actions required following the accident are completed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Discussion with the manager and a review of accident reports evidenced that this area for improvement has been met.</p>	

**Areas for improvement from the last medicines management inspection  
(13 May 2019)**

<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	<p>The registered person shall ensure that registered nurses follow safe procedures for the administration of medicines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  There was no evidence that medicines were pre-dispensed prior to administration.</p> <p>Discussion with the manager and registered nurses indicated that safe practices for the administration of medicines were followed.</p>	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> Second time	<p>The registered persons shall ensure that the date of opening is recorded on all limited shelf life medicines and medicines which are opened after the first day of the medicines cycle.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Dates of opening had been recorded on all medicines which were not contained in the monitored dosage system. This included insulin, eye preparations and medicines prescribed to be administered 'when required'.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> Second time	<p>The registered persons shall review the governance systems in the home to ensure that a robust medicines management auditing system is in place.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The manager advised that audits were completed by the deputy manager and registered nurses each month.</p> <p>A review of these audits indicated that either satisfactory outcomes had been achieved or that the audits 'could not be completed'.</p> <p>During this inspection, we found shortfalls in the management of medicines, detailed in Section 6.3, which had not been identified through the internal auditing processes. This indicates that the auditing and governance arrangements were not effective in identifying shortfalls in the management of medicines and implementing action plans to drive and sustain improvement.</p> <p>This area for improvement was subsumed into an area for improvement under the Regulations.</p>	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall review and revise the management of medicines which are added to food to assist swallowing.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The systems had been reviewed and revised. Letters of authorisation from the prescribers and care plans were in place.  A review of the care plans indicated that they provided limited detail.  This area for improvement as written has been met. However, an area for improvement with regards to care planning was identified. (See Section 6.3)	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that fluid intake charts regarding enteral feeding are accurately maintained and totalled each day.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that fluid intake charts were accurately maintained and totalled each day.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed the daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the patients and the occupancy of the home. A review of the staff rotas for week commencing 2 March 2020 confirmed that the staffing numbers identified were provided. Observation of the delivery of care throughout the morning of the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff interactions with patients were observed to be compassionate, caring and timely. When providing reassurance to patients who were unable to say why they were anxious, we observed staff spend time with the patient in an attempt to find out what they needed.

We spoke with a number of patients, all of whom spoke highly of the staff and their caring attitude.

Two patients were of the opinion that more staff were needed to allow them to respond quicker to requests for assistance. These opinions were shared with the manager for her information.

We spoke with the relatives of two patients who were both satisfied with the staffing and confident that the manager and nurses were knowledgeable of patient need.

Staff stated there was good team work between the grades of staff and good support from the manager who they described as approachable and readily available to listen.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. One relative returned a questionnaire. Their response indicated that they were "very satisfied" with all aspects of care.

We discussed the recruitment of staff with the manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered. The system for checking staff registration with the Northern Ireland Social Care Council (NISCC) should include all staff along with the relevant dates of expiry and the date the annual fee is due. This was identified as an area for improvement. Discussion with the manager confirmed that the staff not on the monthly checks were in the process of registering.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how they can report any concerns.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place. As previously discussed areas for improvements were identified as a result of the previous inspection with regard to the assessment process and care plans for bedrails. These areas for improvement have not been met and are now stated for second time.

We discussed with the manager the recent implementation of the Mental Health Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty (DOL) safeguards. Dates have been arranged for the manager and nurses to attend the training.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls.

As previously discussed care records should be updated to reflect any identified risks to patients following accidents/incidents involving bedrails. This was identified as an area of improvement as a result of the previous inspection and is now stated for a second time.

We observed staff and looked at the environment to determine if there was good practice to minimise the risk of the spread of infection. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities, liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene.

The environment in the home was warm and comfortable and provided homely surroundings for the patients and those that visit them. The home was clean and fresh smelling throughout.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

### **Management of medicines**

A review of the medication administration records indicated that medicines for ten patients had been unavailable for administration for up to six days since the commencement of the current medication cycle (17 February 2020). The registered nurses had not recognised that medicines not being available for administration had the potential to adversely affect patient care. The registered manager advised that she was not always informed when medicines were not available. Insufficient action had been taken to resolve the issues regarding stock. Systems must be in place to ensure that patients have a continuous supply of their prescribed medicines. An area for improvement was identified.

The omission of prescribed medicines due to stock control issues had not been identified as a medication related issue which should be reported to the prescriber, patient, care manager and RQIA. An area for improvement was identified. (See also Section 6.6)

We reviewed the management of medication changes for two patients. It was acknowledged that the personal medication records had been updated appropriately. However, registered nurses were removing the discontinued medicine from the monitored dosage system for disposal. There was no recorded evidence that the medicines had been disposed of. There is a risk that the discontinued medicine may be administered in error. Safe systems must be in place for the management of medication changes. An area for improvement was identified.

We reviewed care plans for the management of pain, distressed reactions and adding medicines to food to assist swallow. It was acknowledged that the registered manager knew each patient's required care, however, some care plans did not contain sufficient detail to direct this care. One care plan had not been updated following a change in the required care. Care plans should provide sufficient detail to direct registered nurses in the care required. This had been identified at previous medicine management inspections; the improvements made had not been sustained. An area for improvement was identified.

The findings of this inspection indicated that the auditing and governance arrangements were not effective in identifying shortfalls in the management of medicines and implementing action plans to drive and sustain improvement. RQIA noted that areas for improvement were frequently stated for a second time before they were adequately addressed and that the subsequent improvement was

not sustained. The audit and governance systems must be reviewed to ensure that safe systems for the management of medicines are implemented and sustained. An area for improvement was identified. (See also Section 6.6)

The temperature of the medicines refrigerator was frequently below 2°C. Medicines which require refrigeration should be stored at temperatures between 2°C - 8°C. It was agreed that this would be closely monitored as part of the increased audit activity and therefore an area for improvement was not identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff and staffs attentiveness to patients. The environment was clean, fresh and safely managed.

### Areas for improvement

The following areas were identified for improvement in relation to the systems for checking staff registration with NISCC, the governance and auditing arrangements for medicines management, stock control, incidents management, management of medication changes and care planning in relation to distressed reactions, pain management and adding medicines to food.

	Regulations	Standards
<b>Total number of areas for improvement</b>	5	1

#### 6.4 Is care effective?

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

We spoke with patients individually all of whom were happy in the home. Records evidenced that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. We reviewed the management of nutrition, patients' weight and wound care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.



We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

We reviewed the prevention and management of falls. Care records evidenced that a post fall review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice sought as required. As previously discussed bedrail related accidents/incidents care records must be updated to reflect any identified risks to patients; this area for improvement was made as a result of the previous inspection and now is stated for a second time

With regard to the assessment and care planning for bedrails, as discussed in section 6.1 and 6.3 areas for improvement were identified as a result as the previous inspection; these have not been met and are now stated for a second time. The manager must complete supervision with the registered nurses with regard to the assessment and care planning for bedrails and complete regular audits of the bedrail documentation to ensure the necessary improvements are made. Two areas for improvement have been made.

Care planning in relation to pain, distressed reactions and adding medicines to food to assist swallow is discussed under medicines management in Section 6.3.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of skin care, nutrition and falls. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients.

**Areas for improvement**

The following areas were identified for improvement in relation to the assessment of bedrails and care plans.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>

**6.5 Is care compassionate?**

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

We arrived in the home at 09:20 hours and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We spoke with thirteen patients individually. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and what time they liked to go to bed. They said:

“This place is 100% - no complaints.”

“I like the activities.”

We spoke with the relatives of three patients. They were complimentary regarding the care and the compassionate nature of the manager and staff.

As previously discussed we provided questionnaires for relatives, patients and staff who were not present during the inspection. One relative and four patients completed and returned the questionnaires. All responded that they were “very satisfied” with all aspects of the care within the home. Comments made included:

“I am very happy here. Staff are kind. I would recommend this home.”

“The showers are good. Staff are very good. Very homely. Enough staff.”

“No complaints. Very good bedroom. Staff know me well. Would recommend the home.”

“Everything is very good but I would like to go home.”

We observed the lunchtime meal in the dining room. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. There was a relaxed atmosphere in the dining rooms during lunch; patients were assisted to the dining room in a timely manner prior to the serving of lunch. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help.

We spoke at length with the activity nurse who explained that the activity programme was planned on a monthly basis. The nature and variety of activities were planned around the patients’ interests and requests; activities included musical afternoons, reviewing the daily newspapers, quizzes and social games. Activities were also in place to support patients with their spiritual needs.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“...will forever remember with so much thanks and gratitude, not to mention admiration, for the wonderful and loving care you gave...”

“...we couldn’t have wished for a better pace for ... to spend her last days.”

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, patient choice, the dining experience and the provision of activities.

## Areas for improvement

No areas for improvement were identified during the inspection within this domain.

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

### 6.6 Is the service well led?

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

There are stable management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been in post since 2005. She is supported in her role by a deputy manager. The operations manager and responsible individuals are available in the home regularly and provide day to day support as needed. Patients, relatives and staff reported that the manager was very approachable and available to speak to when needed.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents. However, as detailed in Section 6.3 the findings of this inspection indicated that the auditing and governance arrangements were not effective in identifying shortfalls in the management of medicines and implementing action plans to drive and sustain improvement.

Notifications of accidents in the home were appropriately notified to RQIA. However, as detailed in Section 6.3, the omission of prescribed medicines due to stock control issues had not been identified as a medication related issue and therefore had not been reported to RQIA.

The responsible person is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports of these visits were available in the home and included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. It was agreed that the management of medicines would be reviewed as part of these monthly visits.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

## Areas of good practice

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

## Areas for improvement

Areas for improvement in relation to the governance and auditing systems for medications and the notification of medication related incidents are detailed in Section 6.3.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Perpetua Latta, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(1)(a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Where the outcome of a bedrail assessment identifies that bedrails may pose a hazard alternatives should be tried and records maintained of what alternatives were considered.</p> <p>If the decision is taken to proceed with using bedrails the rationale for this decision must be recorded.</p> <p>Ref: 6.1 &amp; 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Each individual assessment and careplan has been audited from the inspection date. If the bedrail assessment indicates that usage of bedrails would not pose as a hazard this is recorded in the careplan. If the assessment would indicate that bedrails are a hazard then the recording of alternatives are in place, especially the use of lo-lo beds and crash mats.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person should review the medicines ordering system to ensure that patients have a continuous supply of their prescribed medicines.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Following the pharmacy inspection, staff are now keeping a daily audit on the stock in the drug trolley. On the first week of the drug cycle the nurse will take a stock check of the medicines and if it is noted that there is not adequate supply for the remaining weeks the medication is ordered at this time.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that safe systems are in place for the management of medication changes.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> From the outbreak of Covid there have different arrangements put in place, if there has been a change in the prescription the pharmacy will no longer collect the pill pack to update, but will send a photo and a clear description of the drug that has to be removed and disposed. The next month the alterations will be made</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that care plans for the management of pain, distressed reactions and adding medicines to food contain sufficient detail to direct the required care. Care plans should be updated in a timely manner.</p> <p>Ref: 6.1, 6.3 &amp; 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Following the inspection each individual careplan has been audited on the above topics and clear instructions are recorded. Careplans are updated in a timely manner.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall review and revise the governance and auditing systems with regards to medicines management to ensure that issues are identified, action plans are implemented and improvements are sustained.</p> <p>Ref: 6.1, 6.3 &amp; 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> A more robust auditing system in place, there are daily audits carried out by the nursing staff, the management team will carry out twice weekly spot checks and senior management team carry out a monthly audit of audits. The pharmacy has approached to provide the paperwork for their quarterly audit and that is carried out in house.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that medication related incidents are investigated and an action plan developed to prevent a recurrence.</p> <p>Medication related incidents should be reported to the appropriate authorities.</p> <p>Ref: 6.3 &amp; 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> There has been three incidents reported since march 2020</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Ongoing from the day of</p>	<p>The registered person shall ensure that following the completion of a bedrail assessment a care plan which clearly identifies how patients' needs are to be met is put in place.</p> <p>Ref: 6.1 &amp; 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Each staff nurse had specific supervision sessions in relation to the</p>

inspection	bedrail assessment and careplan, these careplans will be audited every month for every resident that it is relevant to
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time <b>To be completed by:</b> Ongoing from the day of inspection	Following accidents/incidents care records must be updated to reflect any identified risks to patients.  Ref 6.1 & 6.3  <b>Response by registered person detailing the actions taken:</b> The nursing system in place (epicare) alerts the nurse to updating the careplan, following the audit of the incidents by management to keep under review.
<b>Area for improvement 3</b> <b>Ref:</b> Standard 36 <b>Stated:</b> Second time <b>To be completed by:</b> 2 April 2020	The registered person shall ensure that staff are trained in the updated bedrail policy.  The registered manager must audit staff compliance with the policy to ensure it is embedded into practice.  Ref: 6.1  <b>Response by registered person detailing the actions taken:</b> Bedrail policy was used as a supervision with staff nurses, and with monthly audits of assessments and careplan there are have been no concerns in practice noted
<b>Area for improvement 4</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time <b>To be completed by:</b> 2 April 2020	The registered person shall ensure that the system for checking staff registration with the NISCC include all relevant staff along with the relevant dates of expiry and the date the annual fee is due.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> The auditing of NISCC register has been updated to include the expiry dates and when annual fees due
<b>Area for improvement 5</b> <b>Ref:</b> Standard 40.2 <b>Stated:</b> First time <b>To be completed by:</b> 2 April 2020	The registered person shall ensure that they complete supervision with the registered nurses with regard to the completion of assessment and care planning for bedrails.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> As discussed previously in QIP supervision carried out with all staff nurses with constant monitoring of assessments and careplans



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 April 2020</p>	<p>The registered person shall ensure that regular audits of the bedrail documentation are completed to ensure the necessary improvements are made.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> As discussed previously in QIP</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

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