

Unannounced Follow Up Care Inspection Report 4 June 2019



Clonlee

Type of Service: Nursing Home (NH)
Address: 132 Belfast Road, Muckamore, Antrim, BT41 2ET
Tel No: 028 9446 1166
Inspector: Sharon McKnight

www.rgia.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 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 is registered to provide nursing care for up to 53 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individuals: Janet Montgomery Naomi Carey	Registered Manager: Perpetua Latta
Person in charge at the time of inspection: Perpetua Latta	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 53 There may be a maximum of 8 patients in category NH-PH, The home is also approved to provide care on a day basis to 4 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 4 June 2019 from 09:15 to 13:30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

RQIA received information from the Northern Health and Social Care Trust in relation to Clonlee and the management of bedrails and accidents. Following discussion with senior management it was agreed that a care inspection would be undertaken.

The following areas were examined during the inspection:

- The management of bedrails.
- The management of falls.
- Recording of accidents.
- Notification of accidents to RQIA.

There were examples of good practice observed in the interactions between patients and staff. Patients were happy and relaxed in the home. Those unable to share their views were comfortable and well attended by staff whose interactions were gentle and caring.

Improvements were required with the assessment and management of bedrails and associated care records. When an incident occurs involving bed rails, patients must be reassessed without delay and any action required taken. The policy for bedrails requires to be updated to ensure it is in line with best practice, shared with staff and monitored to ensure it is embedded into practice.

Changes are required with the auditing of accidents to ensure the audit process is effective in driving the improvements required.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3*	7*

*The total number of areas for improvement includes one under regulation and one under the standards which have each been stated for the second time. One area for improvement under the standards has been carried forward for review at the next care inspection.

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

A meeting was also held in the RQIA offices on 10 June 2019 to discuss the inspection findings in more detail. This meeting was attended by the responsible person Naomi Carey, Eddy kerr, operations manager, Perpetua Latta, registered manager and Lynne Mellon deputy manager.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 18 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 18 October 2018 .

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, 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

The following records were examined during the inspection:

- policy for the management of bedrails
- policy on falls and accident prevention
- incident and accident records
- notifications to RQIA
- four patient care records
- records of enteral feeding for one patient
- a sample of reports of the monthly visits made on behalf of the responsible person

During the inspection we met with five patients and one patient's relative.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, not met or carried forward for review to the next care inspection.

Due to the focus of this inspection areas for improvement identified at the last finance inspection were not reviewed as part of this inspection and are carried forward to the next inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 May 2019

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

As the dates for compliance with the QIP were after the date of the care inspection this QIP will be validated at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection.</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.</p> <p>The registered manager must complete regular checks to ensure continued compliance with this area for improvement. Records should be maintained of these checks.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>Three sluice rooms and a store were unlocked. All of these rooms contained cleaning chemicals which were not stored securely. These were the rooms that were not locked during the previous inspection.</p> <p>There was no evidence that the registered manager had completed regular checks to ensure the required improvements were made. This area for improvement has been stated for a second time.</p>	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2018</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>	Not met

	<p>Action taken as confirmed during the inspection:</p> <p>There were no records available to evidence that regular audits had been completed on the recording of enteral feeding regimes. This area for improvement has been stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2018</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>Action taken as confirmed during the inspection:</p> <p>Due to the focus of this inspection this area for improvement was not reviewed and is carried forward for review at the next inspection.</p>	<p>Carried forward to the next care inspection</p>

6.3 Inspection findings

6.3 The assessment and management of bedrails

We discussed the management of bedrails with the registered manager who explained that an assessment to determine if bedrails were an appropriate intervention for patients was completed prior to their use. We reviewed the completed assessments for four patients. The outcome of the assessments reviewed advised that bedrails should either be used with caution or that, as there was a possibility that bedrails may pose a hazard, alternative interventions should be tried. There was no record of what alternatives to bedrails were considered or, where the decision had been made to erect bedrails, the rationale for this decision. This was identified as an area for improvement.

We observed a patient with bedrails, a low bed, crash mat and alarm system all in place. Whilst a bedrail assessment had been completed there was no clear plan of care for this patient's safety whilst in bed. This was identified as an area for improvement.

In two of the records reviewed bedrails had been a factor in a number of incidents. The patients had not been reassessed at the time of the incidents. When an incident occurs involving bed rails, patients must be reassessed without delay to determine if the bedrails pose a continuing risk to the patient's safety. Following reassessment any action required must be taken without delay. This was identified as an area for improvement.

On the day of the inspection the care records for the two identified patients did not clearly reflect the risk of using bedrails; following accidents/incidents care records must be updated to reflect any identified risks to patients. This was identified as area for improvement.

We asked staff if there was a policy to direct and guide them on the management of bedrails. The policy available was dated March 2013 and was not reflective of current best practice. The policy for the management of bedrails must be reviewed and updated to reflect best practice. Staff must be trained in the new policy. The registered manager must audit staff compliance with the policy to ensure it is embedded into practice. This was identified as an area for improvement.

Whilst bedrails can be necessary and proportionate in maintaining patient safety this equipment also has the potential to restrict patients' freedom and should only be used in the patient's best interest. We discussed the provision of bedrails with two patients who confirmed that it was their choice to have bedrails erected and that they felt more secure when in bed and less likely to "roll out". For patients who were unable to give their consent the decision to use bedrails was discussed with their relatives and the healthcare professionals from the relevant health and social care trust and a record maintained.

Areas of good practice

Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use bedrails.

Areas for improvement

The process for assessing patients for bedrails requires further development and recording.

Following incidents involving bed rails patients must be reassessed and any action required must be taken without delay.

Assessments and care plans must be updated in response to changes to patients' circumstances.

The policy for the management of bedrails must be updated, communicated to staff and compliance monitored to ensure it is embedded into practice.

	Regulations	Standards
Total number of areas for improvement	2	4

6.3 Management and recording of accidents

An assessment to identify patients' risk of falls was completed at the time of admission to the home. Where a risk was identified a care plan was put in place.

If a patient had an accident a report was completed at the time of the accident. It is good practice that following a fall a post falls review is completed and the care plan amended accordingly; this review was not consistently being completed. A body map to record any injuries or bruising sustained as a result of a fall were also not completed. The registered manager explained that these issues had recently been identified to them by the NHSCT and they were working to address them. Progress with these areas will be reviewed at the next inspection.

An audit of accidents was completed on a monthly basis to review the action taken, confirm that the relevant people had been informed and to identify any trends, for example location and time. The audit outcomes identified gaps with the information on the accident reports. As the audit was undertaken at the end of the month the gaps in information could not be completed retrospectively. Therefore the audit process was not driving the improvements required. It was agreed that a senior member of staff would review the accident reports at the time of completion to ensure that all of the actions required are completed and records maintained. This was identified as an area for improvement.

Records evidenced that generally patients' relatives and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

Areas for improvement

Changes are required with the auditing of accidents to ensure the necessary improvements are made.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with responsible person Naomi Carey, Eddy Kerr, operations manager, Perpetua Latta, Registered Manager and Mrs Lynne Mellon Deputy 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP 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>Area for improvement 1</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the day of inspection.</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.</p> <p>The registered manager must complete regular checks to ensure continued compliance with this area for improvement. Records should be maintained of these checks.</p> <p>Ref 6.2</p>
	<p>Response by registered person detailing the actions taken: Following the inspection a keypad had been fitted to the door and four times a day checks maintained on a time limited basis and then reviewed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the 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: 6.3</p>
	<p>Response by registered person detailing the actions taken: Following the inspection there had been a staff meeting the focus being the use of bedrails. As had been practice, the use of bedrails had been established prior to admission and on the day of admission bedrail assessment carried out, if a potential hazard then alternative tools are insitu.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15(2)(b)</p> <p>Stated: First time</p> <p>To be completed by:</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>

Immediate from the day of the inspection.	Ref: 6.3
	Response by registered person detailing the actions taken: If an incident should occur involving bedrails, the assessment will be carried immediately to ascertain if the use is still appropriate.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: Second time</p> <p>To be completed by: 2 July 2019</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>Ref 6.2</p> <p>Response by registered person detailing the actions taken: Daily audits on the recording of enteral feeding regimes maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2018</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</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: 6.3</p> <p>Response by registered person detailing the actions taken: When a bedrail assessment is carried out and deemed appropriate then a person centred careplan will be put in place.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>Following accidents/incidents care records must be updated to reflect any identified risks to patients.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Following any incidents the careplans are updated on the day.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p> <p>To be completed by: 2 July 2019</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>Ref 6.3</p> <p>Response by registered person detailing the actions taken: The updated policy was forwarded to the inspector for consultation and has been signed off by the Operational manager.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2019</p>	<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> <p>Ref 6.3</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>Response by registered person detailing the actions taken: Updated policy forwarded to staff</p> <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> <p>Ref:6.3</p> <p>Response by registered person detailing the actions taken: Following an incident/accident the manager or Deputy manager will review the reports</p>

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



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