



Unannounced Care Inspection Report

12 April 2018



Clonlee

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

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 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 52 persons and residential care for one named patient.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd	Registered manager: Perpetua Latta
Responsible Individuals: Janet Montgomery Naomi Carey	
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-PH(E).

4.0 Inspection summary

An unannounced inspection took place on 12 April 2018 from 09:20 to 16:30 hours.

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

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, infection prevention and control, risk management and the home's environment. There were examples of good practice found throughout the inspection in relation to the management of nutrition, falls and wound care and the communication of patient need between staff.

We also identified good practice in relation to the culture and ethos of the home and patient privacy and dignity. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified with mandatory training, training records and notification of safeguarding issues to RQIA.

Patients said they were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	2	*3

*The total number of areas for improvement under the standards include two which have been stated for a second time

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.

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

4.2 Action/enforcement taken following the most recent inspection dated 14 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with seven patients and with the majority in small groups, four staff and two patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

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

The following records were examined during the inspection:

- duty rota for all staff for week commencing 8 April 2018
- 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
- two staff recruitment and induction file
- eight patient's care records
- two patient fluid intake charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 September 2017

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 QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2)(c) Stated: First time	The registered provider must ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. Cleaning chemicals must be stored securely.	Met
	Action taken as confirmed during the inspection: We observed that cleaning chemicals were stored securely. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 27(4)(c) Stated: First time	The registered provider must ensure that flammable items or materials are not stored at any time adjacent to escape route staircases.	Met
	Action taken as confirmed during the inspection: The areas around and under the escape route staircases were observed to be free from storage. The registered manager demonstrated an awareness of the importance of ensuring that these were maintained clutter free. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered provider should ensure that recruitment records include information to explain gaps in employment history.	Met
	Action taken as confirmed during the inspection: Two recruitment files reviewed contained a full employment history. The registered manager was knowledgeable regarding the information required for recruitment of staff. This area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the systems in place to monitor the registration status of registered nurses with the NMC are effective.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that effective systems were place to monitor the registration status of registered nurses with the NMC.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a comprehensive assessment of need is commenced on the day of admission and completed within five days.</p> <p>An initial plan of care based on the pre admission assessment and referral information should be in place within 24 hours of admission. Detailed plans of care should be generated from the completed comprehensive assessment.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three care records evidenced that a comprehensive assessment of need was commenced on the day of admission and completed within five days. A system of audits had been implemented to ensure compliance.</p> <p>Initial plans of care were not in place within 24 hours of admission. This area for improvement has been partially met and is now stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered provider should ensure that in accordance with NMC guidelines, contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient.</p> <p>Where there is a multidisciplinary approach to the delivery of wound care records should reflect every occasion when dressings are renewed.</p> <hr/> <p>Action taken as confirmed during the inspection: Records for the wound care of two patients evidenced that dressings were being changed in accordance with the prescribed care. Wound care records reflected when dressings were renewed. This area for improvement has been met.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 4.8 Stated: First time	The registered provider should review the recording of the administration of prescribed enteral feeding regimes to ensure that it is in accordance with best practice. Daily fluid intake should be reconciled on a 24 hours basis to evidence that the prescribed fluid intake has been administered each day.	Met
	Action taken as confirmed during the inspection: As a result of a review of the recording of the administration of prescribed enteral feeding regimes fluid balance charts were introduced. However a review of two patients' charts evidenced that they were not reconciled on a 24 hours basis and did not evidence that the prescribed fluid intake had been administered each day. This area for improvement has been partially met and is now stated for a second time.	
Area for improvement 6 Ref: Standard 35.7 Stated: First time	The registered provider should ensure that the recommendations made as a result of the quality monitoring visits are reviewed on the next visit and comment on the action taken included in the report.	Met
	Action taken as confirmed during the inspection: A review of the reports for the monthly monitoring visits undertaken during the period November 2017 – March 2018 evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 8 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care 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 spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Clonlee.

We spoke with the relatives of two patients during the inspection; both were complimentary regarding the attitude and attention of staff. Three completed questionnaire were returned following the inspection. The respondents were very satisfied or satisfied that there were enough staff and that they could talk to staff if they had a concern.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

In 2017 the registered manager had identified that compliance with mandatory training required improvement; training records reviewed evidenced that the necessary improvements had not been made. Staff must receive mandatory training; this was identified an area for improvement under the regulations.

The registered manager had a training matrix to provide oversight of which staff had attended what training and when; however the training matrix was not up to date. The recording of attendance at mandatory training requires to be reviewed to ensure records are effective in providing the registered manager with oversight of compliance. This was identified as an area for improvement under the care standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that records were in place to collate the information required for the annual adult safeguarding position report. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols. However only one of four referrals, regarding allegations of theft, made to the adult safeguarding team had been notified to RQIA. This was identified as an area for improvement under regulation. Following discussion with the registered manager it was agreed that notifications would be submitted retrospectively; these were received by RQIA on the day following the inspection.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from January – April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

From a review of records and discussion with the registered manager and staff there was evidence of proactive management of falls. Falls occurring in the home were analysed on at least a monthly basis to identify if any patterns or trends were emerging.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounges and dining room. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, relatives and staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction.

Systems were in place to support good practice with infection prevention and control measures. We spoke with one member of housekeeping staff who were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. The registered manager maintained a record of infections for each patient and any antibiotics prescribed, including any patient on long term antibiotics. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home. Equipment for the management of laundry and waste was in place for patients with a known health care associated infection (HCAI).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, infection prevention and control, risk management and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to mandatory training, training records and notification of safeguarding issues to RQIA.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

A review of four 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. As previously discussed initial plans of care were not in place within 24 hours of admission. This was identified as an area for improvement during the previous care inspection and now is now stated for a second time.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. Patients had a nutritional risk assessment which was reviewed monthly. Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), Dietician, and Tissue Viability Nurse (TVN).

As previously discussed we reviewed the management and recording of enteral feeding for two patients. Records were maintained of the time feeds commenced and finished and evidenced that the prescribed nutritional regimes were adhered to. Fluid intake charts were maintained to evidence fluid intake. These charts were not reconciled on a 24 hours basis and did not evidence that the prescribed fluid intake had been administered. This area for improvement was identified following the previous care inspection and is now stated for a second time.

We reviewed falls prevention and the management of falls for two patients. Both patients had a falls risk assessment which was reviewed regularly. Patients identified as at risk of falling had a care plan for safety in place. Care plans were reviewed following any falls sustained in accordance with best practice.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of wound care records evidenced that prescribed dressing regimes were adhered to.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of nutrition, falls and wound care and the communication of patient need between staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

When we arrived in the home we were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining room or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"I love it here, they are all good."

"There is nothing to complain about here, they're all lovely."

We spoke with the relatives of two patients. Both were complimentary regarding the care their loved ones were receiving. The following comments were received:

"This is a great home."

"Staff are worth their weight in gold."

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were present in the dining room throughout the meal and were observed assisting patients with their meal as required. Patients able to communicate indicated that they enjoyed their meal.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Knowing that ...was being cared for by such caring and professional staff was one less worry in this very distressing time."

"From the lovely warm welcoming smile from...on her arrival to all the smiles and hugs from everyone over the 18 months she was with you." (January 2018)

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

Ten relative questionnaires were provided; three were returned within the timescale. The respondents indicated that they were very satisfied with the care provided across the four domains. The following comments were received:

"100/100."

"My ... needs full time support which has been provided. She is looking much better and well fed."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and patient dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within its registered categories of care.

Since the last inspection there has been no change in the management arrangements. The registered manager continues to be well supported by the responsible individuals and the operational manager who visit the home regularly.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the arrangements in place for monitoring the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients.

Discussion with the registered manager evidenced that systems were in place to ensure 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. Patients and relatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, wound management and care records.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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 relevant bodies

appropriately. As previously discussed not all referrals made to the adult safeguarding team had been notified to RQIA. This was identified as an area for improvement under regulation. These notifications have now been received.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2018</p>	<p>The registered person shall ensure that staff receive mandatory training</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: Following the inspection in april there has been 20 staff that have attended the mandatory training. The remaining staff have been allocated days to attend throughout the year based on last years attendance.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30(1)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that RQIA are notified without delay of any theft or burglary in the home.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: The evening of the inspection the additional thefts were reported to the RQIA, all other procedures had been carried out</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: 10 May 2018</p>	<p>The registered provider should ensure that a comprehensive assessment of need is commenced on the day of admission and completed within five days.</p> <p>An initial plan of care based on the pre admission assessment and referral information should be in place within 24 hours of admission. Detailed plans of care should be generated from the completed comprehensive assessment.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: Following the inspection all trained staff were informed of completing the initial plans of care which will be carried out by the admitting nurse within the 24 hours</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: Second time</p> <p>To be completed by: 10 May 2018</p>	<p>The registered provider should review the recording of the administration of prescribed enteral feeding regimes to ensure that it is in accordance with best practice.</p> <p>Daily fluid intake should be reconciled on a 24 hours basis to evidence that the prescribed fluid intake has been administered each day.</p> <p>Ref: Section 6.2</p>

	<p>Response by registered person detailing the actions taken: All trained staff informed that fluid balance charts will be reconciled in the 24 hours and audits in place to ensure compliance</p>
<p>Area for improvement 3 Ref: Standard 39.9 Stated: First time</p>	<p>The registered person shall review the recording of attendance at mandatory training. Records must be effective in providing the registered manager with oversight of compliance.</p> <p>Ref: Section 6.2</p>
<p>To be completed by: 10 May 2018</p>	<p>Response by registered person detailing the actions taken: Following the inspection, a meeting with clinical tutor was had to discuss the need for attendance sheets to be provided in a timely manner. Other areas for consideration is the staffing section of the computerised Epiccare system.</p>

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



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