

# Inspection Report

**14 February 2023**



## Clonlee

**Type of Service: Nursing Home**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Hutchinson Homes Limited  <b>Responsible Individual:</b> Mrs Naomi Carey	<b>Registered Manager:</b> Mrs Perpetua Latta  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Perpetua Latta	<b>Number of registered places:</b> 52 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.
<b>Categories of care:</b> Delete as required: Nursing Home (NH) PH – Physical disability other than sensory impairment I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 52 patients. The home is divided over two floors. Patient bedrooms are located on both floors. Patients have access to communal lounges, a dining room and outdoor space.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 February 2023, from 9.40 am to 5.10 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients, people who visit them and staff members are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. One area for improvement has been stated for a second time in relation to the storage of nutritional supplements and thickening agents.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Perpetua Latta, Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "How could I complain about this place?", "The staff are very attentive" and "I am getting well looked after."

A paramedic student and two student nurses were on placement in Clonlee, the students shared positive comments about their placement in the nursing home. Four relatives also shared very positive comments regarding the care and attention their loved one receives from the staff, one relative told us "I have only praise for the staff."

There was no response from the staff online survey within the allocated timeframe and no questionnaires were returned.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 26 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27(2)(t)  <b>Stated:</b> First time	The registered person must risk assess all individual hot surfaces in accordance with current safety guidelines with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that all medicines including nutritional supplements, thickening agents and external medicines are stored securely under the direct supervision of nursing staff.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment identified two storage areas containing nutritional supplements and thickening agents unlocked.  This area for improvement has not been met and is stated for a second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 39(1)  <b>Stated:</b> First time	The registered person shall ensure a record of induction is completed for any agency staff working in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41(2)  <b>Stated:</b> First time	The registered person shall put in place a review of the night duty nursing cover.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and evidenced that systems were in place to ensure staff were recruited correctly to protect patients. The two recruitment files reviewed were for two newly recruited staff members and did not contain the staff induction documentation, this was discussed with the Manager who advised this documentation remains with the staff until completed and reviewed by management.

There were systems in place to ensure staff were trained and supported to do their job.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). The Manager advised that a number of new staff were experiencing difficulty registering with NISCC within the allocated timeframe, this was discussed and the Manager was signposted to the registration team within NISCC for assistance. An email was received from the Manager on 23 February 2023 confirming that all but one staff registration had been progressed.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the patient's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Review of staff duty rotas clearly recorded the hours worked by staff and the person in charge in the absence of the Manager. Correction fluid was observed on the duty rota; this had been used if alterations had been made to the duty rota; the use of correction fluid is not in keeping with best practice guidance. An area for improvement was identified.

The inspector requested a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the Manager and found these had not been kept up to date. An area for improvement was identified.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

### 5.2.2 Care Delivery and Record Keeping

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Not all care records had a photograph of the patient; this was discussed with the Manager who agreed to add patient photographs to the care records. This will be followed up on a future inspection.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans furthermore; the repositioning records for those patients who required the assistance of two staff to reposition, did not consistently evidence two staff signatures. An area for improvement was identified.

Discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. A review of neurological observations for one patient identified that staff did not document a rationale if there was a gap in the recording of the observations and the registered nurse documentation regarding the fall event was not comprehensive. This was discussed with the Manager and an area for improvement was identified.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the meals were covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a larger/smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home. Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to.



### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Domestic stores throughout the home were observed unlocked with access to cleaning chemicals, this was discussed with the housekeeper and Manager how these doors should be locked when not in use; an area for improvement was identified.

Corridors were clear of clutter and obstruction. However, the bottom of a stairwell was observed cluttered with specialist seating awaiting collection; this had a potential to obstruct clear evacuation of the home in an emergency. This was discussed with the Manager to try and expedite the collection of these chairs and to move some of the chairs to ensure a clear passage to the fire door is available. An area for improvement was identified.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. One staff member was observed wearing a wrist watch, the Manager agreed to address this with the individual staff member.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

During the inspection, a number of patients were celebrating St Valentine's Day with an afternoon tea with their relatives. Later that afternoon the patients in the lounge were entertained with some live music. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Mrs Perpetua Latta has been the manager of this home since April 2005.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion. The Manager routinely did not audit restrictive practices or wounds; this was

discussed with the Manager how her suite of audits should be reviewed to add an audit of these areas of patient care; the Manager agreed to implement both these audits going forward.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

A review of the records of accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend. It was observed there have been no recent relative or patient meetings; the Manager agreed to schedule these meeting as soon as possible.

The home was visited each month by a representative of the Registered Provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	4

\*the total number of areas for improvement includes one Regulation that has been stated for a second time.

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



Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all medicines including nutritional supplements, thickening agents and external medicines are stored securely under the direct supervision of nursing staff.  Ref: 5.1
	<b>Response by registered person detailing the actions taken:</b> Additional locks and keys had been made available following the pharmacy inspection, I need staff to be more vigilant at ensuring these stores are locked when not in use. Communication to staff and signage to made available to improve compliance with regulation
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that domestic stores are locked when not in use.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Both domestic stores in Clonlee have been fitted with a lock, again communication and signage to ensure staff are vigilant with this regulation
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring a clear passage of exit is maintained at the base of the identified stairwell.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Advise sought from the Health and Safety Officer within the Home, as the specialist chair is mobile it would not restrict access to the exit. Although it is best practice of the Home to ensure that Trust equipment is collected in a timely manner

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The only documentation that correction fluid had been used was the duty rota, which has been stopped with immediate effect
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41.7  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2023	The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Following advise from the Inspector on the day of inspection, competencies and capability assessment will be updated yearly
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> <li>• That patients are repositioned in keeping with their prescribed care</li> <li>• That repositioning records are accurately and comprehensively maintained at all times</li> <li>• That repositioning records evidence two staff signatures when required.</li> </ul> Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Following consultation of all staff (day & night) the residents careplan was updated to reflect the requirements of repositioning i.e frequency and number of staff required

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that in the event of a fall, where a head injury is either suspected or confirmed that:</p> <ul style="list-style-type: none"> <li>• neurological observations are completed for the timeframe as outlined in the home's falls policy</li> <li>• rationale is given for any gaps in recording</li> <li>• comprehensive care records are maintained by the registered nurse regarding the fall.</li> </ul> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Following the inspection the nurse responsible for failing to follow Home's policy had a scheduled supervision session and all above aspects discussed</p>

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



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