



# Announced Inspection Report 15 September 2020



## Clonlee

**Type of Service: Nursing Home**

**Address: 132 Belfast Road, Muckamore, Antrim BT41 2ET**

**Tel no: 028 9446 1166**

**Inspectors: Sharon McKnight and Helen Daly**

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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 nursing home which is registered to provide nursing care for up to 52 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd</p> <p><b>Responsible Individual(s):</b> Ms Naomi Carey</p>	<p><b>Registered Manager and date registered:</b> Ms Perpetua Latta</p> <p>1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Ms Perpetua Latta</p>	<p><b>Number of registered places:</b> 52</p> <p>This number includes 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 inspection took place on 15 September 2020 from 10.00 to 14.50. Short notice of the inspection was provided to the manager on the morning of the inspection in order to ensure that arrangements could be made to safely facilitate the inspection in the home.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection was undertaken in order to determine if the areas identified for improvement at the last inspection (5 March 2020) had been implemented and sustained. The inspection was undertaken by a care inspector and a pharmacist inspector.

Enforcement action resulted from the findings of the last inspection on 5 March 2020. 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

Following this inspection the registered persons were invited to attend a serious concerns meeting on 12 March 2020 to discuss the inspection findings in relation to medicines management and their plans to address the issues identified.

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.

The following areas were examined during this inspection:

- 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
- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and governance

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.

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

#### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Perpetua Latta, Manager, and Ms Naomi Carey, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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 last inspection
- the registration status of the home
- written and verbal communication received since the last inspection
- the returned QIP from the last inspection
- the last inspection report

Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspectors provided the manager with 'Tell Us' cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for the week commencing 13 September 2020
- records of staff registration with Northern Ireland Social Care Council (NISCC)
- care records for four patients
- supplementary care charts including repositioning charts
- accidents and incidents records from April to September 2020
- staff supervision matrix
- complaints and compliments
- audit records
- monthly monitoring reports for the period May to August 2020
- the governance and auditing systems in relation to medicines management
- 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

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 last inspection (5 March 2020)

Areas for improvement from the last inspection		
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 13(1)(a) <b>Stated:</b> Second time	<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 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>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of care records evidenced that this area for improvement has been met.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	<p>The registered person should review the medicines ordering system to ensure that patients have a continuous supply of their prescribed medicines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The medicines ordering system had been reviewed. Patients had a continuous supply of their prescribed medicines. This area for improvement has been met.</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>The registered person shall ensure that safe systems are in place for the management of medication changes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Effective systems were found to be in place for the management of medication changes. This area for improvement has been met.</p>	<p><b>Met</b></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>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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Care plans for the management of pain, distressed reactions and adding medicines to food contained sufficient detail to direct the required care.</p> <p>The care plans reviewed were up to date and reflected the patients' current care needs in relation to pain, distressed reactions and adding medicines to food to assist swallowing. This area for improvement has been met.</p>	<p><b>Met</b></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>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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The auditing systems have been reviewed and revised. There was evidence that when issues were identified action plans were developed implemented. Improvements in the management of medicines were observed at this inspection.</p>	<p><b>Met</b></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>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><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> A number of medicine incidents had been identified through the audit process. There was evidence that they had been managed appropriately and that any learning was shared with registered nurses. This area for improvement has been met.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second 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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time</p>	<p>Following accidents/incidents care records must be updated to reflect any identified risks to patients.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 36 <b>Stated:</b> Second time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Staff spoken with were knowledgeable of the bedrail policy and confirmed that they had all been shown the policy and asked to read and sign that they understood its implementation. The manager monitors compliance with the policy through her audits of care records and accident/incidents. This area for improvement has been met.</p>	



<b>Area for improvement 4</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement has been met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 40.2 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The supervision matrix evidenced the dates which supervision had been completed with registered nurses on the completion of assessments and care plans for bedrails. This area for improvement has been met.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> First time	The registered person shall ensure that regular audits of the bedrail documentation are completed to ensure the necessary improvements are made.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that bedrail documentation is audited as part of the care records audit. This area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 Medicines management

#### The governance and auditing systems in relation to medicines management

Following the last inspection a revised auditing system was developed. Registered nurses now audit medicines each day. The registered manager completes spot checks on these audits twice each week in order to be assured that they are accurate. The group operations manager had planned to complete a monthly audit. However, due to the pandemic only two had been completed.

The findings of the inspection indicated that improvements in the management of medicines had been achieved. The responsible person and registered manager agreed to continue to

closely monitor all aspects of the management of medicines to ensure that the improvements are sustained. It was agreed that the monthly audit would be carried out by the registered manager and that it would include monitoring of the refrigerator temperature and reviewing the records of disposal, to ensure that controlled drugs in Schedule 4, Part (1) are denatured prior to disposal, as we noted that a small number of these medicines had not been denatured.

### **The management of medication incidents**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place helps staff to identify medicine related incidents. Management and staff were now familiar with the type of medicine incidents that should be reported.

We discussed medicine related incidents which had been reported to RQIA since the last inspection. These had been managed appropriately.

The audits we completed at the inspection indicated that medicines were being administered as prescribed. A small number of discrepancies were noted and this was brought to the attention of the manager for monitoring.

### **The stock control of medicines**

A revised ordering system has been implemented. Registered nurses advised that initially they found the new checking and ordering system time-consuming. However, as stock is now managed effectively it has become less time consuming and less time is spent chasing up missing orders. We reviewed the medication administration records from April 2020 onwards. There was evidence that medicines were available for administration and that medicine doses had not been omitted due to being out of stock.

### **The management of medication changes**

We found that the personal medication records were up to date. When a new medicine was prescribed, two registered nurses verified and signed the entry on the personal medication record. This is necessary to ensure the accuracy of the transcription. When a medicine was discontinued the entry was cancelled and date of discontinuation recorded on the personal medication record. Records of disposal of medicines were maintained.

There was evidence that newly prescribed medicines had been commenced without delay and administered as prescribed.

The registered manager advised that due to Covid restrictions when a medicine was discontinued the monitored dosage system was not being returned to the community pharmacy for the tablet/capsule to be removed. Instead the community pharmacist supplied a large photograph of the tablet/capsule. Registered nurses removed this tablet/capsule from the monitored dosage system and recorded the non-administration and subsequent disposal until the next medication cycle commenced. An alert was in place to ensure that all registered nurses were aware of the medication change. The registered manager advised that this process has been risk assessed.

There was evidence that discontinued medicines had been removed appropriately, and that records of non-administration and disposal were maintained.

### **Care planning in relation to pain, distressed reactions and adding medicines to food to assist swallow**

We reviewed the management of distressed reactions for five patients. The care plans provided details of the circumstances under which a “when required” medicine should be administered. The reason for and outcome of administration were recorded in the daily progress notes.

Care plans for the management of pain were reviewed for two patients. The care plans included the reason for the pain and the prescribed medicines.

We reviewed three care plans for adding medicines to food. They included the reason why the medicine was being added to food and which foods/drink were suitable. The general practitioners had provided written authorisation for this practice.

#### **6.2.2 Staffing**

A system was in place to identify appropriate staffing levels to meet the patients’ needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients’ needs were met by the staff on duty.

Patients told us the following:

“Everything is good they all do a brilliant job.”

“Carers are fantastic – I couldn’t complain about anyone they are all excellent.”

We spoke with three members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients’ individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives.

#### **6.6.3 Care delivery**

We arrived in the home mid-morning. The majority of patients were either being cared for in their individual bedrooms or in the lounge area. Patients were supported by staff to adhere to social distancing. Patients were well informed of the additional precautions in place and how to maintain social distancing when moving around the home independently, for example, in motorised wheelchairs. Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. Patients said:

“I am very comfortable.”

“There is extra cleaning in the rooms.”

“This is the best nursing home, and I’ve been in a few.”

“I’m well fed with good company.”

“At least we are safe in here.”

A number of patients were being nursed in bed. A review of records confirmed that staff assisted the patient to change their position regularly. This is important to ensure the comfort of patients and to prevent pressure sores. Pressure relieving care was recorded on repositioning charts. These charts consistently evidenced that the patients were assisted by staff to change their position regularly.

We reviewed patients' needs in relation to wound prevention and care. Records confirmed that in wounds were dressed 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, tissue viability nurses (TVN).

The home had received numerous cards of support throughout the current pandemic. The following are examples of some of the comments received:

"...just to say a big thank you for the visit on Saturday to see mum – it was very well done and great for me to see mum – thanks all...."

"To all the staff at Clonlee – the care you give means loads to me – for looking after my mum I give loads of thanks for that."

#### **6.2.4 Care records**

A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed for patients with a poor appetite.

#### **6.2.5 Infection prevention and control (IPC) measures**

Signage had been placed at the entrance to the home which provided advice and information about Covid-19. Alcohol based hand sanitiser was available at the entrance and throughout the home. We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE.

There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. Weekly audits are completed by management on hand hygiene practises and the use of PPE.

## 6.2.6 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

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.

## 6.2.7 Leadership and management

There have been no changes to the management arrangements since the previous inspection. The manager continues to be well supported by the deputy manager, the responsible persons and the operations manager.

The monthly visits required to be undertaken to review the quality of the services provided have been completed remotely with the use of IT support due to the current Covid-19 pandemic. The reports of these visits included, where possible, the views of patients, relatives and staff; and a review of records, for example accident reports, complaints records and a review of the environment.

### Areas of good practice

Areas of good practice were noted in the stock control of medicines and care planning in relation to pain, distressed reactions and adding medicines to food to assist swallow.

Areas of good practice were also identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and the support provided by management.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.3 Conclusion

Patients were well cared for, content and settled. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

The management team were requested to continue to closely monitor the management of medicines to ensure that the improvements are sustained.

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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