



Unannounced Secondary Care Inspection

Name of Establishment:	Clonlee
Establishment ID No:	1381
Date of Inspection:	17 June 2014
Inspector's Name:	Bridget Dougan
Inspection No:	IN017118

General Information

Name of Home:	Clonlee
Address:	132 Belfast Road Muckamore Antrim BT41 2ET
Telephone Number:	028 9446 1166
E mail Address:	pepsi@hutchinsoncarehomes.com
Registered Organisation/ Registered Provider:	Mrs Naomi Carey Mrs Janet Montgomery
Registered Manager:	Mrs Perpetua Latta
Person in Charge of the Home at the time of Inspection:	Mrs Perpetua Latta
Registered Categories of Care and number of places:	Nursing – I, PH 45
Number of Patients Accommodated on Day of Inspection:	45
Date and time of this inspection:	17 June 2014: 12.00 – 16.30 hours
Date and type of previous inspection:	09 September 2013 Primary Unannounced

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Method/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider
- Discussion with staff
- Discussion with patients individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of a sample of patients' care records
- Observation during a tour of the premises
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Clonlee is situated on an attractive site on the outskirts of Antrim town.

The home is approached through a large reception area and the office accommodation is situated within this area. The home is a two-storey facility and comprises of 39 single bedrooms and three double bedrooms.

There are two lounges adjacent to the reception area and two dining rooms which are easily accessed from the kitchen. There are toilet and bathing facilities situated throughout the home. Catering and laundry services are provided on site and patients also have access to a hairdressing salon which is on the first floor. The garden and grounds are well maintained, with car parking facilities.

The home is registered to provide care for persons under the following categories of care:

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment (maximum of eight persons)

The home is also approved to provide day care for up to four persons.

Mrs Perpetua Latta is the Registered Manager of the home and has been the registered with RQIA since 01 April 2005.

3.0 Summary

This summary provides an overview of the service during a secondary unannounced inspection to Clonlee Nursing Home. The inspection was undertaken by Bridget Dougan on the 17 June 2014 from 12.00 to 14.15 hours.

Mrs Perpetua Latta, Registered Manager was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 09 September 2013, three recommendations were issued. These were not reviewed during this inspection and have therefore been carried forward for review at the next inspection.

Standard inspected:

Standard 19 – Continence management

Patients receive individual continence management and support.

There was evidence that a continence assessment had been completed for the majority of patients. This assessment formed part of a comprehensive and detailed assessment of patient

needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process. A requirement has been made to ensure that continence assessments have been carried out for all patients who require continence management and support.

Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in three of the five records reviewed. A requirement has been made to ensure that all patients' needs assessments and care plans are reviewed and updated in a timely manner.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care. A recommendation has been made for registered nurses to be provided with training in male catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. A recommendation has been made for additional guidelines to be made available to staff and used on a daily basis.

The inspector was informed that two continence link nurses were working in the home and were involved in the review of continence management and education programmes for staff. This is good practice and is commended.

A recommendation is made that regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.

The inspector can confirm that, based on the evidence reviewed, presented and observed; that the level of compliance with the standard inspected was substantially compliant.

A number of additional areas were also examined:

- care practices
- patients' views
- staffing and staff views
- environment

Details regarding these areas are contained in section 6.0 of the report.

Conclusion

The inspector can confirm that at the time of the inspection there was evidence to validate that continence care was generally well managed. However areas for improvement were identified.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Two requirements and three recommendations have been made as result of this inspection. A further three recommendations have been carried forward for review at the next inspection. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
		No requirements were made as a result of this inspection.		

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	28.1	<p>The registered manager must ensure that induction records for all staff are available in the home for inspection at all times.</p> <p>It is recommended that the following information is also included in the induction records:</p> <ul style="list-style-type: none"> • Date of completion of each section of the induction programme • Final statement of competency signed by the registered manager <p>Reference: Follow up on previous issues</p>	This recommendation was not inspected on this occasion. It will therefore be carried forward for review at the next inspection.	Not inspected
2	17.1	<p>It is recommended that the registered manager records the satisfaction of the complainant with the outcome of the complaint.</p> <p>Reference: Follow up on previous issues</p>	This recommendation was not inspected on this occasion. It will therefore be carried forward for review at the next inspection.	Not inspected

3	25.12	<p>It is recommended that the Regulation 29 report addresses the progress made in meeting the requirements and recommendations of RQIA inspections.</p> <p>Reference: Section B</p>	<p>This recommendation was not inspected on this occasion. It will therefore be carried forward for review at the next inspection.</p>	<p>Not inspected</p>
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5.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of five patients' care records evidenced that bladder and bowel continence assessments were undertaken for four patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. A requirement has been made to ensure that assessments have been completed for all patients.</p> <p>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. A requirement has been made to ensure that all patients' needs assessments and care plans are reviewed and updated in a timely manner.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of five patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p>Compliant</p>

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings: The inspector can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care The inspector can also confirm that the following guideline documents were in place: <ul style="list-style-type: none"> • RCN continence care guidelines Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines. A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis: <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence 	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager confirmed that there was information on the promotion of continence available in the home for patients.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager revealed that all the registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances. The registered manager informed the inspector that training in male catheterisation is required for all registered nurses and this is to be sourced from the Trust. A recommendation has been made in this regard. Two continence link nurses were working in the home and were involved in the review of continence management and education programmes for staff. This is good practice and is commended. A recommendation is made that regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.</p>	<p align="center">Substantially compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Substantially Compliant</p>
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6.0 Additional Areas Examined

6.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

6.2 Patients' Views

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"I am very happy with everything here."

"Food is very good."

"The home is clean and tidy."

"My room is always kept clean and I am happy with everything."

6.3 Staffing/Staff Views

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients accommodated.

During the inspection the inspector spoke to eight staff. Examples of staff comments were as follows;

"I am very happy working in the home."

"This is a good home we work well as a team."

"The patients and residents are well cared for."

6.4 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was found to be clean warm and comfortable.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Perpetua Latta, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS**



Quality Improvement Plan

Unannounced Secondary Inspection

Clonlee

17 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Perpetua Latta, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 (1) (a)	<p>The registered person shall not provide accommodation to a patient at the nursing home unless:</p> <p>The needs of the patient have been assessed by a suitably qualified or suitably trained person.</p> <p>Reference: Section 5.0, Criteria 19.1</p>	One	<p>The patient has been assessed prior to admission involving all the multi disciplinary team. Incontinence assessment had been provided for most of the residents, this will be rolled out to include all residents and reference will be made in the careplan and reviewed monthly</p>	From the date of this inspection
2	16 (2) (b)	<p>The registered person shall ensure that the patients care plan is kept under review.</p> <p>Reference: Section 5.0, Criteria 19.1</p>	One	<p>The policy of the Home states monthly reviews, this has been identified with individual staff</p>	From the date of this inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	28.1	<p>Not inspected. Carried forward for review at the next inspection:</p> <p>The registered manager must ensure that induction records for all staff are available in the home for inspection at all times.</p> <p>It is recommended that the following information is also included in the induction records:</p> <ul style="list-style-type: none"> • Date of completion of each section of the induction programme • Final statement of competency signed by the registered manager. <p>Reference: Follow up on previous issues</p>	One	Induction programmes are ongoing through the year	From the date of the previous inspection
2	17.1	<p>Not inspected. Carried forward for review at the next inspection:</p> <p>It is recommended that the registered manager records the satisfaction of the complainant with the outcome of the complaint.</p> <p>Reference: Follow up on previous issues</p>	One	Recording and auditing of compliants are ongoing, when a compliant has been made a period of must pass before the Home can establish that the complainant is satisfied with the outcome	From the date of the previous inspection

3	25.12	<p>Not inspected. Carried forward for review at the next inspection:</p> <p>It is recommended that the Regulation 29 report addresses the progress made in meeting the requirements and recommendations of RQIA inspections.</p> <p>Reference: Follow up on previous issues</p>	One	The Regulation 29 reports are carried out monthly and are informed of any inspection by RQIA.	From the date of the previous inspection
4	19.2	<p>The registered manager should ensure the following guidelines are readily available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. <p>Reference: Section 5.0, Criteria 19.2</p>	One	The suggested reports have been made available for staff and incorporated into care provided	Within two weeks from receipt of this report
5	19.4	<p>The registered manager should ensure that training in male catheterisation has been provided for all registered nurses.</p> <p>Reference: Section 5.0, Criteria 19.4</p>	One	The need to train staff in male catheterisation has been highlighted prior to the inspection, and at least two staff will avail of this training	Within two months from receipt of this report
6	19.4	<p>A recommendation is made that regular audits of the management of incontinence are undertaken and the findings acted upon</p>	One	The monthly audits will be amended to include the management of incontinence.	Within one month from receipt of this

		to enhance already good standards of care. Reference: Section 5.0, Criteria 19.4			report
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Perpetua Latta
Name of Responsible Person / Identified Responsible Person Approving Qip	janet Montgomery

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	10 November 2014
Further information requested from provider			