



Unannounced Care Inspection Report 18 October 2018



Clonlee

Type of Service: Nursing Home (NH)
Address: 132 Belfast Road, Muckamore, Antrim, BT41 2ET
Tel No: 0289446 1166
Inspector: Sharon McKnight & Jane Laird

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 53 persons. The home currently provides residential care for one identified patient.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 18 October from 10:45 to 16:30.

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 'patient' is used to describe those living in Clonlee which provides nursing care and residential care for one named patient.

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 were found in relation to staffing, training and the home's environment. There were examples of good practice found in relation to assessment of patient need and care planning and the communication of patient needs between staff. Good practice was evident in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. 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 requiring improvement were identified in relation to the secure storage of cleaning chemicals, auditing of the storage of cleaning chemicals and review of patients where weight loss is identified.

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. There was evidence that the management team listened to and valued patients and their representatives' views.

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	1	2

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 12 September 2018.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 September 2018. 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 12 patients individually and with others in small groups, two patients' relatives and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspectors provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position 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.

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

The following records were examined during the inspection:

- staff duty rota for week commencing 14 October 2018
- staff training records
- incident and accident records
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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 12 September 2018

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 12 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure that staff receive mandatory training	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that mandatory training had been arranged and a significant number of staff had attended. Further training was arranged to ensure all staff receive mandatory training. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 30 (1) (e) Stated: First time	The registered person shall ensure that RQIA are notified without delay of any theft or burglary in the home.	Met
	Action taken as confirmed during the inspection: Notifications were received retrospectively for the previous allegations of theft. No further allegations have been made. A review of accident and incident records evidenced that RQIA were notified in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2006. 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 4,1 Stated: Second time	The registered provider should ensure that a comprehensive assessment of need is commenced on the day of admission and completed within five days.	Met
	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>Action taken as confirmed during the inspection: A review of five patents care records evidenced that a comprehensive assessment of need is commenced on the day of admission and completed within five days. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 4.8 Stated: Second time</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>Action taken as confirmed during the inspection: Records were in place for the administration of enteral feeding regimes. Generally charts evidenced that the prescribed regimes were adhered to; where there were discrepancies these were minor. Given the overall improvements in record keeping we are satisfied that this area for improvement has been met. However to ensure that the improvements are embedded in practice the registered manager should complete regular audits on the recording of enteral feeding regimes. A further area for improvement is made.</p>	<p>Met</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>Action taken as confirmed during the inspection: We observed that a training matrix was in place which provided the registered manager with oversight of staff compliance with attendance at mandatory training. This area for improvement has been met.</p>	<p>Met</p>

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 from week commencing 15 October evidenced that the planned staffing levels were adhered to. Staff confirmed that catering and housekeeping staff 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 spoke with relatives of two patients, no issues were raised with regard to staffing. Questionnaires were provided for patients and relatives; none were received within the timescale for inclusion in this report.

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.

We reviewed accidents/incidents records completed 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. A number of sluice rooms and a store were not locked. A number of containers of cleaning chemicals were observed in these rooms, accessible to patients and not stored securely. This was identified as an area for improvement. The issue of sluice rooms being left unlocked had been identified previously in the monthly monitoring visits; therefore the registered manager should complete regular checks to ensure compliance with the area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and the home's environment.

Areas for improvement

The following area was identified for improvement in relation to the secure storage of cleaning chemicals.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements and a daily record was maintained to evidence the delivery of care. Interventions prescribed were individualised and care records were reviewed regularly.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for two patients. A nutritional risk assessment was completed monthly; care plans for nutritional management were in place. Food and fluid intake charts were maintained for both patients. We noted that a significant weight loss had been recorded for one patient however the weight loss had not been reflected in the evaluation of the patient's nutritional care plan. Where weight loss is noted staff should review the arrangements around eating and drinking to ensure nutritional needs are met. This review should be reflected in the evaluation of the patient's care plan.

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 assessment of patient need and care planning and the communication of patient needs between staff.

Areas for improvement

The following areas were identified for improvement in relation to the review of patients where weight loss is identified.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 10:45 and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. The registered manager was observed to advocate strongly on behalf of a patient and wishes of their family in response to a life event. The compassion and empathy displayed by the registered manager was commended by the inspectors.

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 observed assisting patients with their meal in a timely manner. There was a choice of two main dishes on the menu; patients confirmed that alternatives meals were also provided in response to their requests. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The serving of the meal was well organised and there was a calm atmosphere throughout the meal.

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

“Thank you for how you cared and looked after...”

“We would like to thank all staff at Clonlee for the care ...received in the last few years of her life. She said she always felt well cared for and was very content.”

“We have been impressed by the kindness of the staff.”

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. 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’ve no complaints, very comfortable.”

“I think this is a great place, staff are excellent.”

“The food is good and I am well cared for.”

We spoke with the relatives of two patients; both commented positively regarding the care their loved ones were receiving. Relative questionnaires were also provided. None were returned prior to the issue of the report.

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 this report is issued will be 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

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 the categories of care registered.

Since the last inspection there has been no change in the management arrangements. The registered manager continues to be supported by the responsible individuals and the operations manager. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns enabled them to have contact with her as required.

Review of the home's complaints records 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.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection.</p>	<p>The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>Cleaning chemicals must be stored securely in accordance with COSHH regulations.</p> <p>The registered manager must complete regular checks to ensure continued compliance with this area for improvement. Records should be maintained of these checks.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: The cupboard in the sluice has been fitted with a new lock, and the doors are checked regularly throughout each 24 hour period to ensure that they are closed especially around the busy times of the day.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2018</p>	<p>The registered person shall ensure that the registered manager completes regular audits on the recording of enteral feeding regimes to make sure that the improvements made are embedded in practice.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: Daily checks on the fluid balance charts for residents on enteral feeding will continue.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2018</p>	<p>The registered person shall ensure that where weight loss is noted staff to review the arrangements around eating and drinking to ensure nutritional needs are met. This review should be reflected in the evaluation of the patient's care plan.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: This incident was used as a training opportunity with the staff nurses to ensure there is good awareness of nutritional needs.</p>

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



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