

# Inspection Report

26 November 2021



## Clonlee

**Type of Service: Nursing Home**

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd	<b>Registered Manager:</b> Ms. Perpetua Latta
<b>Responsible Individual(s):</b> Ms. Naomi Carey	<b>Date registered:</b> 01 April 2005
<b>Person in charge at the time of inspection:</b> Ms. Perpetua Latta	<b>Number of registered places:</b> 52  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.  The home is also approved to provide care on a day basis to four persons.
<b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43
<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. Accommodation is over two floors.	

## 2.0 Inspection summary

This unannounced inspection was conducted on 26 November 2021, from 10am to 3.20pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm, clean and well maintained. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources.

Patients were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance

and support was provided where this was required, in a compassionate manner. The feedback from patients confirmed that they were satisfied with the care and service provided in Clonlee.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Clonlee and that the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

Areas of improvement were identified with night duty staffing levels, inductions for agency staff and risk assessing hot surfaces.

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.

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 and 'Tell Us' cards 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.

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

Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Patients described staff as being "kind" and "caring."

Three visiting relatives gave praise and gratitude for the provision of care and the kindness and support received from staff.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role.

Three questionnaires received from patients and their representatives were all positive.

## **5.0 The inspection**

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

The last inspection to Clonlee was undertaken on 15 September 2020 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including safe moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. However it was identified that there was no completed record of induction for an agency staff member, which was identified as an area of improvement to put in place.

Review of a sample of an employee' recruitment records evidenced that robust systems were in place to ensure that patients are protected.

Appropriate checks had been made to ensure that all staff maintained their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. An area of improvement was identified to review the night duty staffing provision for nurses in that there was only one nurse on duty from 11pm, each night.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the management team were approachable. Staff were seen to maintain patients' dignity by offering personal care discreetly. Patients were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Patients described staff as kind and caring. Two patients made the following comments; I am very happy here. Everything is very good." and "They (the staff) are lovely and kind here. I don't see anything wrong with the home."

### 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of patients' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Staff interactions with patients were observed to be friendly, polite, warm and supportive. Staff were seen to seek patients' consent when delivering care and to knock on patient's bedroom doors to seek permission of entry.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided.

Patients told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

Staff told us how they were made aware of patients' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of patients' nutritional needs. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the patient, their next of kin and their aligned named worker to direct staff on how to meet patients' needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans.

Patients' care records were held safely and confidentially.

Patients' individual likes and preferences were reflected throughout the records. 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.

Patients commented positively on the care delivery in the home and praised the meal provision. Patients said they felt well looked after and that staff were helpful and friendly. One patient made the following comment; "I am not just saying it but this really is a brilliant place. I can't fault the home in anyway. In fact I feel much better and more at ease with my condition from being here."

Staff reported that the care provided to the patients was of a high standard and they were always involved in their care.

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

The home was observed to be clean and tidy. Patients' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for patients. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 19 November 2021. There were no recommendations made from the assessment. Fire safety training and fire safety drills were maintained on a regular and up-to-date basis for all staff.

A number of radiators were excessively hot too touch and posed a risk if a patient were to lie against same in the event of a fall. An area of improvement was made for all hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for patients and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

### 5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were seen to offer patients options regarding, for example, where to eat their meals, if they wanted to take part in activities and if they preferred to spend time in one of the lounges or in their own bedroom.

Staff were seen to be attentive to patients needs including their social well-being. A programme of activities was in place with the activity co-ordinator.

The genre of music and choice of television programmes played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care

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

Three visiting relatives spoke with praise and gratitude for this standard of care provided for and the kindness and support received from staff. One relative described how they were always kept well informed and described the staff as “fantastic.”

### **5.2.5 Management and Governance Arrangements**

Ms. Perpetua Latta is the manager of Clonlee. Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patients care or staffs’ practices.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. These audits were maintained in a detailed and up-to-date basis.

Review of the home’s record of complaints and discussions with the manager confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patient’s next of kin, their care manager and to RQIA.

The home was visited each month by registered provider’s representative 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 in detail and where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## **6.0 Conclusion**

Patients looked well cared for and spoke positively about life in the home. Staff were seen to treat patients with kindness and respect and to offer them choices about their care needs and how they would like to spend their day.

The home was clean and tidy. The environment was pleasant and welcoming for patients, staff and visitors. Staff responded to the needs of the patients and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team. However three areas for improvement were identified in respect of night duty staffing levels, inductions for agency staff and risk assessing hot surfaces. Details can be found in the Quality Improvement Plan included.



## 7.0 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/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Perpetua Latta, 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 27(2)(t) <b>Stated:</b> First time <b>To be completed by:</b> 27 December 2021	<p>The registered person must risk assess all individual hot surfaces in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Following the inspection and with consultation with the Estates Manager a risk assessment of each individual room considering each individual resident was carried out.            The residents living in Clonlee have a high dependence level and would be totally immobile and the priority was given to residents who may have a potential risk factor of falling out of bed which would conclude three bedrooms needing radiator covers.</p> <p>For clarity the bedroom that was highlighted on the day has been vacant for over a year.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39(1) <b>Stated:</b> First time <b>To be completed by:</b> 3 December 2021	<p>The registered person shall ensure a record of induction is completed for any agency staff working in the home.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The induction sheet that Clonlee use for agency staff was shared on the day of inspection along with the information that we always endeavour to get the same nurse to cover available shifts to ensure continuity of care.</p>



	This particular induction was revisited on the first opportunity when the identified nurse had returned for duty
<b>Area for improvement 2</b> <b>Ref:</b> Standard 41(2) <b>Stated:</b> First time <b>To be completed by:</b> 27 December 2021	The registered person shall put in place a review of the night duty nursing cover.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Ideally, it is planned to have two nurses on night duty throughout each night. Should this not be achievable due to the sector wide recruitment issues or short notice sickness absence there is always an additional twilight nurse on duty up to 11pm. This is sufficient to assist with medication administration, nursing tasks and general care needs. This is also supplemented with the enhancing of the night care staff team.

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



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