

# Unannounced Care Inspection Report 11 April 2016



## Clareview House

105 Doagh Road, Ballyclare BT39 9ES  
Tel No: 0289334 9694  
Inspector: Bridget Dougan

## 1.0 Summary

An unannounced inspection of Clareview House care home took place on 11 April 2016 from 11.15 to 16.45 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

For the purposes of this report, the term 'patients' will be used to describe those living in Clareview House, which provides both nursing and residential care.

### **Is care safe?**

The environment of the home was warm, well decorated, fresh smelling and clean throughout.

Whilst staff expressed some concerns regarding staffing levels, assurances were provided that staffing levels were subject to regular review to ensure the assessed needs of the patients were met.

There was evidence of competent and safe delivery of care on the day of inspection. Staff confirmed that there were good communication and support systems in the home, including; staff appraisal and supervision systems and staff were required to attend a 'handover meeting' when commencing duty.

Weaknesses were identified in the management of recruitment documentation and falls audits.

Two recommendations have been made.

### **Is care effective?**

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff stated they could raise any concerns about patient care with the registered manager. There was evidence of good teamwork.

One recommendation was made in respect of the frequency of staff meetings.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussions with staff, relatives and patients and a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

There were no requirements or recommendations made.

## Is the service well led?

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the deputy manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. However, some weaknesses were identified with regard to the management of the audits.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring.

One recommendation has been made in respect of the management of audits.

This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, April 2015.

### 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 4               |

Details of the QIP within this report were discussed with Mrs Edwina McAloney, deputy manager during feedback and Mrs Sharon Bell, registered manager following the inspection, 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.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection in October 2015.

Other than those actions detailed in the previous QIP there were no further actions required. RQIA are not aware of any other issues which may influence this inspection.

## 2.0 Service details

|  |  |
|--|--|
| <b>Registered organisation/registered person:</b><br>Hutchinson Homes Ltd<br>Naomi Carey   | <b>Registered manager:</b><br>Sharon Bell          |
| <b>Person in charge of the home at the time of inspection:</b><br>Edwina McAloney, deputy manager                                | <b>Date manager registered:</b><br>04 October 2010 |
| <b>Categories of care:</b><br>RC-I, RC-PH(E), NH-I, NH-PH(E)<br><br>A maximum of eight residents in categories RC-I and RC-PH(E) | <b>Number of registered places:</b><br>35          |

## 3.0 Methods/processes

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Twenty patients, four care staff, two registered nurses and two patient's representatives were also consulted with.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- two personnel records
- accident and incident records
- notifiable events records
- falls audits
- complaints records
- compliments records
- NMC and NISCC registration records
- staff induction records
- staff, patients' and relatives' meetings
- regulation 29 monthly monitoring reports
- staff, patients' and relatives' questionnaires
- policies and procedures

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an announced estates inspection in October 2015. The completed QIP was returned and approved by the estates inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 02/07/2015

| Last care inspection statutory requirements   |   | Validation of compliance |
|---|---|--------------------------|
|   | No requirements were stated as a consequence of this inspection.  |                          |
| Last care inspection recommendations  |   | Validation of compliance |
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 20.2<br><b>Stated: First time</b><br><b>To be completed by:</b><br>31 July 2015 | The registered person should ensure patient's religious preferences/spiritual needs are documented in end of life care plans.                                 | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of a sample of three patients care records evidenced that this recommendation had been met. |                          |

|   |  |            |
|---|--|------------|
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 19</p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b><br/>31 August 2015</p> | <p>The registered person should review the policy and procedure on communicating effectively to ensure it reflects current best practice, including regional guidelines on breaking bad news.</p> <hr/> <p>The policy and procedure on communicating effectively was reviewed and evidenced that this recommendation had been met.</p>               | <b>Met</b> |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b><br/>31 August 2015</p> | <p>The registered person should review the palliative care and end of life policy and procedures to ensure they reflect current best practice guidance such as Gain Palliative Care Guidelines, November 2013.</p> <hr/> <p>The policy had been reviewed to ensure it reflected best current practice including Gain Palliative Care Guidelines.</p> | <b>Met</b> |

#### 4.3 Is care safe?

The deputy 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 rotas for weeks commencing 21/03/16, 28/03/16 and 04/04/16 evidenced that the planned staffing levels were adhered to. However, there were some occasions that planned staffing levels were not met due to unexpected staff sickness. The deputy manager and staff advised that every effort is taken to cover these hours however; it can be difficult to get cover at short notice. Agency staff had been employed on a regular basis and were block booked to ensure continuity of care.

Discussions with the majority of staff confirmed that while the standard of care was high, they had some concerns regarding the current staffing levels especially in the mornings and after 18.00 hours. This was discussed with the deputy manager during feedback and with the registered manager following the inspection. We were informed that additional staff had been recruited and were awaiting pre-employment checks. The registered manager agreed to keep staffing levels under review and to keep staff updated as to the ongoing recruitment timescales.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. No concerns were raised by patients and /or patient representatives in regard to the availability of staff.

Discussion with the deputy manager confirmed that there were systems in place for the safe recruitment and selection of staff and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. However, two personnel files were reviewed and we were unable to evidence that all the relevant checks had been completed for one member of staff. There was no evidence that two references or an Access NI check had been received prior to the member of staff commencing employment. This was discussed with the deputy manager during feedback. The deputy manager stated that no person would be employed in the home prior to receipt of satisfactory pre-employment checks

and felt that the registered manager may have filed this documentation in another location. Confirmation was received from the registered manager following the inspection that the two references and Access NI check had been received prior to the staff member commencing employment. A recommendation has been made in this regard. Refer to section 4.6 for further detail.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the deputy manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the deputy manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The deputy manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the deputy manager confirmed that a range of audits were conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was maintained on computerised records and analysed to identify patterns and trends. An action plan was in place to address any deficits identified. However, there was no evidence that audits for the months December 2015 - March 2016 had been conducted. A recommendation was made.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including 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. Patients and their representatives were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### Areas for improvement

Records should be kept of all the documentation relating to the recruitment process. These records should be held in staff personnel files. Details of information obtained from an Access NI Disclosure Application should be handled as per the Access NI Code of Practice and Explanatory Guide for Registered Persons.

Falls should be reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action taken.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>2</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.4 Is care effective?

A sample of three patients care records was reviewed. There was evidence that detailed care plans had been generated from a comprehensive, holistic assessment for each patient.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence also of regular communication with representatives within the care records.

A review of repositioning records evidenced that patients were repositioned according to their care plans. A sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Discussion with staff and a review of the duty rota evidenced that registered nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Review of the minutes of staff meetings and discussion with staff confirmed that a staff meeting was held in July 2015 and March 2016. It is recommended that staff meetings are held on a regular basis and at a minimum quarterly.

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 their line manager and /or the registered manager and that they were dealt with appropriately.



Discussion with the deputy manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis.

Following the inspection, the registered manager confirmed that questionnaires are distributed to patients and relatives each year to establish their satisfaction with the quality of services provided in the home. The outcome of the 2015 survey was very positive. The registered manager confirmed that the results of this survey had been shared with patients, staff and relatives.

Patient and representatives stated that they knew the registered manager and expressed their confidence in raising concerns with the home's staff/ management.

### Areas for improvement

Staff meetings should take place on a regular basis and at a minimum quarterly.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>1</b> |
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the lunch time meal confirmed that patients were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with commented positively in regards to the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the deputy manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Discussions with staff, relatives and patients and a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Comments received were generally positive. Three staff expressed some concerns regarding staffing levels. These were discussed with the deputy manager during feedback. Refer to section 4.3 for further detail. Some other comments received are detailed below:

## Staff

- “it is all very good. I have no concerns except when staff phone in sick”
- “our patients’ are more dependent now. There used to be more staff on, but we have staff on long term leave”
- “this is a lovely home and we all get on very well”
- “there is plenty of training and support when you need it”

## Patients

- “I am happy here. I have no concerns”
- “the girls are all very good and kind to me”
- “I have no complaints. I am treated well”

## Patients’ representatives

- “I am made to feel very welcome when I visit”
- “I am kept up to date about the care and treatment of my relative”
- “the manager is approachable and available if I had a concern”

## Areas for improvement

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.6 Is the service well led?

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA and the homes certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with the deputy manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered person. Staff confirmed that they had access to the home’s policies and procedures.

Discussion with the deputy manager and review of the home’s complaints record evidenced 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We were informed by the deputy manager that audits of care records were completed on a monthly basis. However the records of these audits were unavailable during the inspection. The following audits were in place:

- complaints
- activities
- mattresses
- falls (up until November 2015) – this was discussed previously in section 4.3

The results of the above audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

A recommendation has been made for a more robust and comprehensive system of audits to monitor and report on the quality of nursing and other services provided. For example, audits of infection prevention and control, care records, recruitment and selection records, complaints.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

A discussion with the deputy manager and a review of records confirmed there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

### Areas for improvement

A robust system of audits should be implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. For example, records of recruitment and selection, care records, complaints, infection prevention and control.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>1</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Edwina McAloney, deputy manager during feedback and with Sharon Bell following the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager/ registered person to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the deputy manager. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements - No requirements were made during this inspection

#### Recommendations

|   |  |
|---|--|
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 April 2016</p>    | <p>The registered person should ensure that records are kept of all the documentation relating to the recruitment process. These records should be held in staff personnel files. Details of information obtained from an Access NI Disclosure Application should be handled as per the Access NI Code of Practice and Explanatory Guide for Registered Persons.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b><br/>All records in relation to the recruitment process are kept according to the home policies and procedures relating to the Access NI code of practice and explanatory guide.</p> |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 22.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 April 2016</p> | <p>The registered person should ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action taken.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b><br/>Falls, slips trips are reviewed on a monthly basis and record of same held on computer in the Epicare system and the audits are printed off and kept on file for ease of access for inspectors or other professionals.</p>   |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 June 2016</p>     | <p>The registered person should ensure that staff meetings take place on a regular basis and at a minimum quarterly.</p> <p><b>Ref: Section 4.4</b></p> <p><b>Response by registered person detailing the actions taken:</b><br/>Staff meetings are taking place on a regular basis with smaller groups to address any issues or discuss actions for care and general staff meetings.</p>  |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 April 2016</p>  | <p>The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. For example, records of recruitment and selection, care records, complaints, infection prevention and control.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b><br/>Audit system in place for recruitment and selection, care records, complaints infection control compliance and training.</p>   |



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