



Unannounced Follow-up Care Inspection Report 5 & 7 November 2019



Clareview House

Type of Service: Nursing Home (NH)
Address: 105 Doagh Road, Ballyclare BT39 9ES
Tel no: 0289334 9694
Inspectors: Michael Lavelle & Helen Daly

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 provider 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 nursing home which provides care for up to 35 patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individuals: Naomi Carey	Registered Manager: Sharon Bell
Person in charge at the time of inspection: Sharon Bell	Date manager registered: 8 November 2010
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH (E) – Physical disability other than sensory impairment.	Number of registered places: 35 This number includes a maximum of five patients in category NH-DE and a maximum of four named residents receiving residential care in category RC-I.

4.0 Inspection summary

This unannounced inspection was undertaken by the care and medicine management inspectors and was undertaken between 5 November 2019 and 7 November 2019.

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 inspection sought to assess progress with issues raised since the last care inspection on the 23 August 2019. Areas for improvement in respect of the previous medicines management and premises inspections have also been reviewed and validated as required.

The following areas were examined during the inspection:

- the environment
- management of falls, infections and wounds
- management of medicines
- consultation
- governance arrangements.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*2

*The total number of areas for improvement includes two under regulation and two under the care standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Bell, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 23 August 2019.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Clareview House were below the minimum standard expected. A decision was taken to invite the responsible individual and the registered manager to attend two enforcement meetings in RQIA on 2 September 2019 to discuss the serious concerns identified during the inspection and the intention to serve one failure to comply notice with regards to the health and welfare of patients.

At both meetings Naomi Carey, responsible individual, Sharon Bell, registered manager, Eddy Kerr, group operations manager and David Adams, health and safety manager, acknowledged the deficits identified and discussed an action plan as to how these would be addressed by management. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 4 November 2019
- staff training records
- incident and accident records
- one staff recruitment and induction file
- six patient care records
- a selection patient care charts including topical medicine administration, thickener administration, personal care records, food and fluid intake charts and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- minutes of staff meetings
- activity planner and associated records
- a sample of reports of visits by the registered provider.
- staff training and competency with regards to medicines management
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed of
- management of medicines on admission and medication changes
- management of insulin, warfarin and antibiotics
- care planning in relation to distressed reactions
- medicine management audits
- medication related incidents
- stock control and storage of medicines.

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 23 August 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 August 2019

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 13 (1) (a) (b) Stated: Third and final time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time	The registered persons shall ensure that the infection prevention and control issues outlined in the main body of the report are managed to minimise the risk and spread of infection. This also includes the appropriate storage of an identified steam cleaner.	Met
	Action taken as confirmed during the inspection: A review of the environment and observation of staff practice evidenced that compliance with best practice on infection prevention and control had been well maintained.	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Action taken as confirmed during the inspection: A review of the environment evidenced that chemicals were not accessible to patients in any area of the home.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <p>Action taken as confirmed during the inspection: Examination of accident and incident records confirmed that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are available for administration as prescribed. Registered nurses must be made aware of their accountability to ensure that medicines are available for administration.</p> <p>Action taken as confirmed during the inspection: We reviewed the medication administration records which indicated that medicines were available and were administered as prescribed.</p> <p>All registered nurses were reminded of their accountability to ensure that medicines were available for administration following the last inspection and at a nurses meeting in the home on 3 September 2019. A copy of the contingency plan in place for the management of any out of stocks was available in the treatment room.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review the systems in place for the management of antibiotics to ensure that they are administered as prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection: We reviewed the management of three antibiotics. They had been received into the home without delay and had been administered as prescribed.</p> <p>Prompts were used to highlight when an antibiotic was prescribed and running stock balances were maintained.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs.</p> <p>This area for improvement is made in reference to management of infections and wounds.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of care records confirmed appropriate care plans were in place to manage infections. However, review of wound care for one identified patient evidenced deficits. This is discussed further in section 6.3.</p> <p>This area for improvement has not been partially met and has been stated for a second time.</p>	<p>Partially met</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plan should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Action taken as confirmed during the inspection: Review of care records confirmed this area for improvement has been met. Discussions with staff evidenced systems are in place to ensure patient care plans are developed within five days of a new admission to the home.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure monthly monitoring reports, minutes of staff meetings, staff recruitment records and evidence of training are available for inspection.</p> <p>Action taken as confirmed during the inspection: All records were fully accessible and available during the inspection.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the manager confirmed some improvement in governance arrangements. However, deficits identified in care records had not been identified during the care record audit. This is discussed further in section 6.3.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Partially met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18.1 Stated: Third and final time	The registered person shall ensure that patients are supported to be involved with assessments in relation to the use of restraint. Care plans should accurately reflect any discussions with patients and/or their relatives.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Standard 14.25 Stated: Second time	The registered person shall ensure that a reconciliation of money and valuables held and accounts managed is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: Examination of records confirmed systems are in place to ensure quarterly checks are completed and counter signed. There was evidence of two signatures in the money and valuables book.	
Area for improvement 3 Ref: Standard 14.26 Stated: Second time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: Review of records evidenced review of the inventory of patient property. A new template is in place to assist with this process.	

<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written confirmation of currently prescribed medicines is obtained for all patients on admission.</p> <hr/> <p>Action taken as confirmed during the inspection: We reviewed the management of medicines on admission for two patients. There was evidence that written confirmation of medication regimens was requested from the prescriber when patients were admitted from their own home or another care home. Hospital discharge letters were available for patients admitted/readmitted from hospital.</p> <p>The admissions checklist had been updated to ensure that this information was obtained.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the management of distressed reactions. Detailed care plans should be in place.</p> <hr/> <p>Action taken as confirmed during the inspection: We reviewed the management of distressed reactions for five patients. Detailed care plans were in place which specified how the patient may exhibit the distressed reaction, de-escalation techniques and any prescribed medicines.</p> <p>The reason for and outcome of administration were recorded and running stock balances were maintained.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that menus are displayed for patient's information in a suitable format and on a daily basis.</p> <hr/> <p>Action taken as confirmed during the inspection: We saw evidence that weekly menus were on display in the main dining area. However there was no evidence of menu provision in the dementia unit. Menus were not displayed in a suitable format to meet the needs of all the patients.</p>	<p>Partially met</p>

	This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 7 Ref: Standard 11 Stated: First time	<p>The registered person shall ensure activities are recognised as an integral part of the care process with care plans developed and reviewed by registered nurses as required. Daily progress notes should reflect on patient's activity provision.</p> <p>Action taken as confirmed during the inspection: Review of records evidenced daily progress notes reflected on patient's activity provision. However, patient centred care plans had not been developed to ensure activity and meaningful engagement are recognised by all staff as an integral part of the care process.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	Partially met
Area for improvement 8 Ref: Standard 41 Stated: First time	<p>The registered person shall ensure that the duty rota clearly identifies the registered manager's hours and the capacity in which they are worked. It must also clearly identify the name of the nurse in charge of the home on each shift.</p> <p>Action taken as confirmed during the inspection: Examination of the duty rota confirmed this area for improvement has been met.</p>	Met
Area for improvement 9 Ref: Standard 16 Stated: First time	<p>The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.</p> <p>Action taken as confirmed during the inspection: Review of the complaints book retained in the home confirmed complaints were managed in keeping with regulations and standards.</p>	Met

6.3 Inspection findings

The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

Bedrooms and communal rooms were maintained clean and tidy. Compliance with best practice on infection prevention and control (IPC) had been well adhered to. Isolated issues were managed during the inspection. An area for improvement in this regard has now been met.

There were no chemicals observed accessible to patients in any part of the home. An area for improvement in this regard has now been met. The manager confirmed that spot checks were completed in the home to ensure that chemicals were stored appropriately.

Management of falls, infections and wounds

We examined the management of patients who had falls. Review of two identified patients records evidenced a risk assessment was completed post fall and patients care plans were contemporaneously updated. We asked the manager to review best practice guidance regarding the frequency of completing clinical and neurological observations. The manager confirmed that falls training was arranged by the Northern Health and Social Care Trust (NHSCT) "In Reach" team. We suggested they may wish to avail of some support for the falls team in the NHSCT.

Review of a patient with an infection confirmed involvement from the patient's general practitioner and an appropriate care plan was in place to direct care.

Wound care, which was being provided to an identified patient, was also considered. Wound care documentation evidenced that the tissue viability nurse (TVN) had been involved in the patients' care and treatment although no recommendations made by the TVN had been incorporated into the patients care plan. There was evidence that the wound was being dressed regularly and healing; however the assessment and evaluation of care was not in keeping with best practice guidance. This was discussed with the manager and was identified as an area for improvement during the inspection on 23 August 2019. This is stated for a second time.

Management of medicines

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency, medicine records, the administration of medicines and the management of medication changes.

The audits completed at the inspection indicated that medicines had been administered as prescribed.

Satisfactory systems were in place for the management of insulin and warfarin. Transcribed dosage directions had been verified and signed by a second registered nurse.

Medicines were observed to be stored safely and securely.

Consultation

During the inspection we consulted with seven patients, two patient's relative and five staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said,

"I am doing well here."

"No complaints."

"It is a bit boring sometimes."

The relatives consulted spoke positively in relation to the care provision in the home. They said:

"It's dead on. I have no complaints."

"This is a very well run establishment. It is clinically clean."

Comments from five staff consulted during the inspection included:

"It is busy but it is good. I think there is good teamwork."

"I love the patients here."

"There has been a focus on infection control since the last inspection."

We reviewed the compliments file within the home. Some of the comments recorded included,

"We would like to thank all your staff for the great care and kindness given to our relative over the past year."

"That you so much for all your care for our relative during their time at Clareview. We really appreciate it and know they were treated with respect and kindness and you took time to talk to them and brighten their day."

Governance arrangements

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work with the patients in the home.

Review of records evidenced systems were in place to monitor staffs' registrations with their relevant professional bodies. Review of records and discussion with staff and the manager confirmed that staff training, supervision and performance appraisal was actively managed. Appropriate records were maintained.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the manager and review of records confirmed that staff meetings were held regularly.

There was evidence of management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included hand hygiene, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as required.

The manager confirmed the introduction of a new care record audit. We discussed the need to increase the frequency of care record audits to ensure the deficits highlighted during the inspection are identified in a timely manner. The manager agreed to focus on both the quantitative and qualitative components of the audit to ensure care plans are patient centred and reflect the assessed needs of the patients. This was discussed with the manager and was identified as an area for improvement during the inspection on 23 August 2019. This is stated for a second time.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

Areas of good practice

Areas of good practice were identified in relation to standard of maintenance of the personal medication records, medication administration records and the care plans in place for the management of distressed reactions.

Areas identified for improvement:

No new areas for improvement were identified at 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 Sharon Bell, 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 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 DHSSPS 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 16 (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs.</p> <p>This area for improvement is made in reference to management of infections and wounds.</p> <p>Ref: 6.2 and 6.3</p> <p>Response by registered person detailing the actions taken: As was noted on the day of the inspection, staff have under instruction from myself, ensured that care plans are correct and informative for any wounds that we presently have. To increase the evidence, as noted by the Inspector, staff are now completing an assessment and evaluation of the wound as per the epicare records every time the wound is dressed. All staff have been shown how to complete these records to enhance their record keeping. This was discussed with the inspector during the inspection and corrective action commenced that day.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered persons must ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Ref: 6.2 and 6.3</p> <p>Response by registered person detailing the actions taken: As discussed on the day of the inspection there is an updated care record in place as the audit tool being used was more qualitative. This new tool now addresses the quantitative aspects of the care plans. An temporary review process to audit the in house audits was also instituted for several months to ensure compliance was maintained and actioned where necessary.</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 12</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that menus are displayed for patient's information in a suitable format and on a daily basis.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p>

<p>To be completed by: 6 December 2019</p>	<p>New menu boards are in place and are completed on a daily basis in the main dining room and the unit. Also in place are menu cards which are picture format to assist those clients with dementia/limited understanding or poor eyesight. These are used by the cooks when ascertaining what the client wishes for their meals.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p>	<p>The registered person shall ensure activities are recognised as an integral part of the care process with care plans developed and reviewed by registered nurses as required. Daily progress notes should reflect on patient's activity provision.</p> <p>Ref: 6.2</p>
<p>To be completed by: 6 December 2019</p>	<p>Response by registered person detailing the actions taken: All staff through the audit process and discussions ensure that care plans pertaining to activities have been reviewed and corrected accordingly for all residents, these are referenced in the daily notes and the activity therapist also records interactions she has had with the clients.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care