The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Clareview House**

Provider: **Hutchinson Homes Limited**

Date of Inspection: **14 November 2024**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Hutchinson Homes Limited
Responsible Individual:	Ms Naomi Carey
Registered Manager:	Mrs Sharon Bell
Service Profile – This home is a registered Nursing Home which provides nursing care for up to 35 patients. The home is divided in two units over two floors. The ground floor and first floor provides general nursing care and there is a five-bedroom unit on the ground floor which provides care for people living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2024, between 9.15 am and 6.00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery and record keeping.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A serious concerns meeting was held on 29 November 2024 in relation to the day to day management and governance of the home.

Based on the information provided to RQIA during this meeting a decision was made that no further enforcement action was required at this time.

The previous Quality Improvement Plan (QIP) was also reviewed. Seven areas for improvement were assessed as having been addressed by the provider. However, one standard stated for the first time in November 2021 in relation to wound care records was not met and two standards stated for the first time in January 2023 in relation to care records remained unmet. A regulation in regards to the governance oversight first stated in January 2024 remained unmet.

In addition, a number of new areas for improvement had been identified. Full details, including new areas for improvement identified, can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients said that living in the home was "great". Other comments from patients included, "the staff are very good here, they do everything for you," and "it is lovely here, I really like it."

Discussion with patients confirmed that they were able to choose how they spent their day. For example, they could have a lie in or stay up late to watch TV. A small number of patients made comments regarding staff response when using their call bells. These comments were passed to the manager to review and address as needed.

Staff told us that they enjoyed working there and that the patient's care was very important to them. One staff member said, "we all get on well." and another stated "the patients are well looked after."

No questionnaires were received from patients, relatives or visitors. No responses were received from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

A review of the duty rota evidenced that planned staffing levels were not consistently met. This was discussed with the manager who acknowledged these shortfalls and advised that recruitment was ongoing. The manager agreed to submit a notification to RQIA, in accordance with Regulation 30, when planned staffing levels were not met.

Audits with regards to staff registration with the Northern Ireland Social Care Council (NISCC) were not robust. RQIA identified that the NISCC matrix had not been updated since August 2024 and were unable to identify the progress of newly employed staff with their applications. At the meeting with RQIA assurances were provided by the manager that all required staff were registered or in the process of registering. An area for improvement that was identified.

RQIA were unable to determine when staff's mandatory training, such as Deprivation of Liberty Safeguards (DoLS), Dementia and Dysphagia, had been completed as the training records did not record the date on which training was completed. This was discussed during the meeting with RQIA as has been identified as an area for improvement since 17 January 2024 and is now stated for a second time.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing care in a confidential manner, and by offering personal care discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

A monthly programme of social events was displayed in the reception area of the home and patients confirmed that they were offered the choice of whether they wanted to attend or not. However, the activity plan was not displayed for patients living in the dementia unit. This was discussed with the manager and an area for improvement was identified.

Patients' needs were met through a range of individual and group activities such as music events, arts and crafts and parties for special occasions.

Patients were observed to be enjoying one another's company in the lounge.
Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. However, in relation to the mealtime experience, it was observed in the dementia unit that the menu was not displayed and patients were served their meal in the lounge rather than the dining room. Staff told us this was due to inability to supervise those patients who chose to go to the dining room and supervise the lounge at the same time. This was discussed with the manager and an area for improvement was identified.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

An area for improvement regarding wound care records had been identified for the first time on 4 November 2021 and remains unmet. Review of patients' care records evidenced deficits in the record keeping and care planning of wounds. For example, in one patient's care records the frequency for the change of dressing was not fully reflective of the care required and there was no care plan in place to direct the care required for another wound. This was discussed at the meeting in RQIA and a previous area for improvement, cited under the minimum standards has been subsumed into and area for improvement under regulation to drive the improvement required.

A care plan for one to one bespoke care lacked sufficient detail to direct staff in the care required. This had been identified as an area for improvement since January 2023 and remains unmet. The area for improvement, cited under the minimum standards has been subsumed into an area for improvement under regulation to drive the improvement required.

A review of the supplementary care charts such as food and fluid records evidenced that these were not accurately recorded in relation to the amount of the meal taken and in some instances, the meals recorded were not reflective of the recommended International Dysphagia Diet Standardisation Initiative (IDDSI) level for the patient. This was discussed with the manager and at the meeting in RQIA and an area for improvement cited under the minimum standards has been subsumed into and area for improvement under regulation to drive the improvement required.

In some of the patients' records reviewed the monthly evaluations were not patient centred or meaningful as the same statement was made repeatedly from June 2024 up to the date of this inspection. This was discussed with the manager and an area for improvement was stated for a second time.

Review of repositioning charts evidenced gaps in the recording of the care provided. Records were not maintained when the patient got up for the day despite the chart indicating the patient required '4 hourly' repositioning. This was discussed with the manager and an area for improvement identified.

Night time checks were also included on the repositioning chart but it was unclear how often these should be undertaken and what this entailed. This was discussed with the manager, during feedback and also during the meeting with RQIA ,who agreed to address this and progress will be reviewed at the next inspection.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

One identified wall in a lounge required to be decorated and a malodour was identified in one bedroom these deficits were discussed with the manager and an area for improvement was identified.

On arrival at the home it was evident that there was a problem with the heating system. Several rooms were excessively warm. While RQIA were satisfied that the manager had escalated the problem to maintenance, however, a number of radiators throughout the home did not have an appropriate radiator cover and presented as hot surface hazards which could potentially place patients at risk of harm. This was discussed with the management and an area for improvement was identified.

Equipment such as manual handling equipment and wheelchairs were not effectively cleaned between each patient use. This was discussed with the manager and an area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection Mrs Sharon Bell has been the registered manager in this home since 8 November 2010**.**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

A system of audits was in place to monitor restrictive practices, care record audits and infection prevention and control (IPC) practices and measures. As discussed previously in section 3.3.3 a number of concerns were identified regarding patient care records and a review of the care

records audit found that these deficits had not been identified through the audit process; the need for further development of this audit was discussed with the manager and responsible individual during the meeting with RQIA and an area for improvement was stated for a second time.

A review of the accidents incidents evidenced these had been notified to RQIA appropriately.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

The home was visited each month by a representative of the responsible individual 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 and available for review by patients, their representatives, the Trust and RQIA.

Messages of thanks including thank you cards and emails received from relatives/visitors to the home were kept and shared with staff.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	7*	9 *

* the total number of areas for improvement includes one regulation and two under the standards that has been stated for a second time and three that are carried forward for review at the next inspection.

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

Area for improvement 1 **Ref:** Regulation 10 (1) **Stated:** Second time **To be completed by:** 1 February 2025	The registered person shall review the current system in place to monitor the quality and content of patient care records. The system of auditing ensures that nursing and care staff are adhering to professional standards and best practice guidance in record keeping. Action plans are developed to address the deficits identified by the audit. Ref: 3.3.3 and 3.3.5
	Response by registered person detailing the actions taken: The Home Manager's auditing process has been strengthened, action plans developed and followed up to ensure compliance
Area for improvement 2 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 1 February 2025	The registered person shall ensure that the system to monitor staff training requirements, commensurate to their role, are accurate. Ref: 3.3.1
	Response by registered person detailing the actions taken: All records on matrix are clearly dated and training requirement intervals are also clearly highlighted and updated as training takes place throughout the year. This includes both face to face and e-learning training
Area for improvement 3 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure for those patients with a wound; a care plan is in place and updated to reflect any changes to the care required. Ref:3.3.3
	Response by registered person detailing the actions taken: All wounds have individual care plans in place corresponding to the skin integrity and wound risk assessment. All areas updated when the wound is re-dressed to reflect any changes to the care required

Area for improvement 4 **Ref:** Regulation 16(1) **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure detailed and patient centred care plans are in place for those patients availing of bespoke one to one care. Ref: 3.3.3
	Response by registered person detailing the actions taken: The resident who is in receipt of bespoke care has been further reviewed and adjusted to include as much relevant information in relation to her care. This includes triggers and distraction techniques known to the staff. This care plan will be audited monthly or earlier if needs change
Area for improvement 5 **Ref:** Regulation 16(1) **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure that food intake records are reflective of the actual food consumed by patients. Ref:3.3.3
	Response by registered person detailing the actions taken: This has been discussed with all staff - Home manager and staff nurses carry out daily checks of food and fluid intake to ensure accurate record of actual food consumed by residents. This will continue to be monitored daily unitl embedded in practice.
Area for improvement 6 **Ref:** Regulation 20 (c) (ii) **Stated:** First time **To be completed by:** 14 November 2024	The registered person shall ensure that a robust system is implemented and maintained in regard to the monitoring of staff registration with the Northern Ireland Social Care Council. Ref:3.3.1
	Response by registered person detailing the actions taken: The NISCC Matrix has been developed to include new starts, the date of their initial application and progress is monitored by Home Manager on a monthly basis.
Area for improvement 7 **Ref:** Regulation 27 (2) (p) **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure a hot surface risk assessment is completed to ensure that where required radiator covers are applied to ensure patient safety. Ref:3.3.4
	Response by registered person detailing the actions taken: Hot surface risk assessments was carried out, new thermostatic valves have been applied to the radiators and temperature is being monitored on a weekly basis.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 9 January 2024	The registered person shall ensure that personal medication records are signed and verified as accurate by two trained members of staff when written and updated. Ref:2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 9 January 2024	The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines to manage chronic pain. Ref:2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard **Stated:** First time **To be completed by:** 9 January 2024	The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for all new admissions to the home Ref:2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 17 January 2024	The registered person shall ensure the monthly and daily evaluations of care are patient centred and clearly evidence oversight of the supplementary care records. Ref: 3.3.2
	Response by registered person detailing the actions taken: Discussed with all staff nurses stressing the importance of patient centred care in all aspects of care records including evaluations. Daily records include oversight of supplementary care records. This is audited on a monthly basis by the Home Mnager to ensure compliance.

Area for improvement 5 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 17 January 2024	The registered person shall ensure that communal patient equipment is effectively decontaminated between each use in accordance with IPC guidance. Ref:3.3.3
	Response by registered person detailing the actions taken: All staff have been reminded to ensure communal equipment is effectively decontaminated between each resident use. This is monitored on an ongoing basis
Area for improvement 6 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 1 January 2025	The registered person shall ensure the activity planner is on display in the dementia unit. The planners available must be of a suitable format. Ref: 3.3.2
	Response by registered person detailing the actions taken: The activity planner in the dementia unit has been updated to include pictures for easier recognition of organised activities
Area for improvement 7 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 1 January 2025	The registered person shall ensure that the mealtime experience in the dementia unit is reviewed to allow patients choice of where to dine and that menus are on displayed in an appropriate format and location. Ref: 3.3.2
	Response by registered person detailing the actions taken: Residents in the dementia unit are encouraged to go to the dining room for all meals. Chef has devised picture menus that are on display on a daily basis
Area for improvement 8 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 1 January 2025	The registered person shall ensure patients are repositioned as directed by their care plan and a contemporaneous record is maintained. Ref: 3.3.3
	Response by registered person detailing the actions taken: Re-positioning records are updated with details in care plan, and Home manager to ensure contemporaneous records are being maintained

Area for improvement 9 **Ref:** Standard 43 **Stated:** First time **To be completed by:** 1 February 2025	The registered person shall ensure the wall in the identified lounge and the malodour in the identified bedroom are addressed. Ref:3.3.4
	Response by registered person detailing the actions taken: The bedroom identified is due to be re-furbished and the wall in the dementia unit is still being addressed

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews