



Unannounced Care Inspection Report 16 May 2018



Clareview House

Type of Service: Nursing Home
Address: 105 Doagh Road, Ballyclare BT39 9ES
Tel No: 0289334 9694
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 35 persons.

3.0 Service details

Registered organisation/registered person: Hutchinson Homes Ltd Naomi Carey	Registered manager: Sharon Bell
Person in charge of the home 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. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 35 There shall be a maximum of 4 named residents receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 16 May 2018 from 08.35 to 17.15 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, training, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, governance arrangements and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post fall management, fire safety, infection prevention and control practices, eliminating unnecessary risks to the health and welfare of patients, storage of medicines and care records.

Areas requiring improvement under the care standards were identified in relation to management of restraint and management of patient records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	6	2

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 dated 14 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients, eight staff, one visiting professional and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 7 and 14 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- one staff recruitment and induction files
- five patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005..

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 14 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 20 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 16 (1) (2) Stated: Second time To be completed by: 20 April 2017	The registered provider must ensure that all patients who are admitted into the home have a written care plan prepared by registered nursing staff in a timely manner which is reflective of all assessed needs.	Met
	Action taken as confirmed during the inspection: Examination of care records evidenced that care plans were prepared by registered nurses in a timely manner.	

Requirement 2 Ref: Regulation 27 (4) Stated: First time To be completed by: 20 April 2017	The registered persons must ensure that fire doors are not propped or wedged open by staff.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that no fire doors were propped or wedged open.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: Second time To be completed by: 20 April 2017	The registered provider should ensure that a written record is maintained of inductions given to all agency nursing staff.	Met
	Action taken as confirmed during the inspection: Examination of records evidenced a system was in place to ensure agency staff had an induction prior to working in the home. Written records were retained.	
Recommendation 2 Ref: Standard 35 Stated: First time To be completed by: 20 April 2017	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. Specifically, care records.	Met
	Action taken as confirmed during the inspection: Examination of the home audits evidenced a system is in place to review a selection of care records each month.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota weeks beginning 7 and 14 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey although none were returned within the expected timescale.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Clareview House. We also sought the opinion of patients on staffing via questionnaires. One completed patient questionnaire indicated that the staff member was very satisfied with staffing within the home.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Three questionnaires were returned and all three relatives indicated that they were very satisfied that staff had 'enough time to care'.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from February 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of 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. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records and discussion with the registered manager and staff evidenced deficits in relation to the post fall management of patients. Review of two care records evidenced that on one occasion when the patient had an unwitnessed fall, clinical and neurological observations were not carried out and recorded. This was discussed with the registered manager who agreed to review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. An area for improvement under regulation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, relatives and staff spoken with were complimentary in respect of the home's environment. One visitor commented,

"It's nice and clean and fresh."

Most fire exits and corridors were observed to be clear of clutter although three hoists were causing an obstruction of one fire exit at the front of the building. This was brought to the attention of the registered manager who arranged for their removal. This was identified as an area for improvement under the regulations.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted as follows:

- limited availability of alcohol hand gels in identified parts of the home
- personal protective equipment (PPE) such as aprons were not changed between patient contact at mealtimes
- inappropriate storage in a number of identified bathrooms and toilets including armchairs, rollators and a steam cleaner
- there was no system in place to ensure hoist slings are laundered
- rusted shower chair in an identified shower room – this should be replaced
- rusted commode chair in an identified sluice – this should be replaced
- significant dust observed on extractor fan vent covers.

These shortfalls were discussed with the registered manager and an area for improvement under regulation was made in order to drive improvement relating to IPC practices.

Systems were in place to monitor the incidents of health care associated infections and the manager understood the role of Public Health Agency (PHA) in the management of outbreaks.

Two issues were identified during the review of the environment and urgent action was required in relation to the following areas:

- a nurse call bell was not working in room two
- the bed frame in room two is badly scuffed and is peeling, rendering it impossible to be decontaminated effectively.

These actions were discussed with the registered manager and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. This will be reviewed at a future care inspection. Discussion with the operations manager confirmed the home have a bed replacement programme in place.

During review of the home’s environment the clinical room which contained sharps boxes and medication was found to be left open. Due to the potential risk to the health and welfare of patients this was discussed with the registered manager and an area for improvement under the regulations was made. In addition, two topical medicines were observed in an identified toilet and bathroom. This was also discussed with the registered manager who arranged for their removal. An area for improvement under the regulations was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. Care plans were in place for the management of bedrails and alarm mats. However, review of one care record evidenced the absence of any recorded consultation with the patient to consent to the use of bed rails. Discussion with the patient evidenced they wished for bedrails to be used. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment and training.

Areas for improvement

Five areas for improvement under regulation were identified in relation to post fall management, fire safety, infection prevention and control practices, eliminating unnecessary risks to the health and welfare of patients and storage of medicines.

An area for improvement under the care standards was identified in relation to management of restraint.

	Regulations	Standards
Total number of areas for improvement	5	1

6.5 Is care effective?

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

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Review of five patient care records evidenced that care plans were not consistently in place to direct the care required and reflected the assessed needs of the patient. For example, examination of care records for two patients who had recent or current infections evidenced the absence of a care plan to direct care. In addition, although care records contained details of the specific care requirements, there was evidence to suggest they were not consistently reviewed and a daily record was not always maintained to evidence the delivery of care. For example, review of one care record evidenced a patient's wound was not dressed for four days and nine days despite the care plan stating the wound should be dressed three times a week. This was discussed with the registered manager and because of the potential impact on patient's health and well-being an area for improvement under the regulations was made.

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

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

During review of the environment boxes of patient care records were observed to be stored in an upstairs corridor. This was discussed with the registered manager who confirmed they were stored in a locked cupboard but had been taken out for archiving. As the records were not secured an area for improvement was made under the care standards.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. The registered manager advised that patient meetings were held on a bi-annual basis.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement under the regulations was identified in relation to care records.

An area for improvement under the care standards was identified in relation to management of patient records.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 08.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Discussion with the activity therapist evidenced a varied activity programme which included involvement of the local community within the home with talks from the local librarian and engagement with local school children. However, no records were retained to evidence regular evaluation of the activities programme or of engagement with patients and/or their relatives. In addition, no record was retained on who was leading on all activities. This was discussed with the registered manager who agreed to meet with the activity therapist to review activity arrangements. This will be reviewed at a future care inspection.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients were served drinks in plastic tumblers. This was discussed with the registered manager post inspection; they confirmed that this was due to health and safety reasons as some patients may throw or drop a glass. The registered manager agreed to review this as all patients do not exhibit these behaviours. This will be reviewed at a future care inspection.

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

"A big thank you for providing a wonderful tea party on Mother's day."
 "Thank you very much for all the care you gave mum during her time with you."

There were systems in place to obtain the views of patients and their representatives on the running of the home. Relative feedback forms had been sent although the registered manager confirmed there had been a poor return. Examination of the forms evidenced they did not have a date of when they were sent or received. This was discussed with the registered manager who agreed to review this. This will be reviewed at a future care inspection.

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Clareview House was viewed as a positive experience. Some comments received included the following:

"It's lovely. Everything is just lovely."
 "It is great. I wouldn't change a thing."
 "I like it here."
 "They are very good. There is nothing to complain about."
 "The food is very good. It's the breakfast I like the best."

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.

Ten patient questionnaires were left in the home for completion. One was returned within the expected timescale. It was highly complementary in their views of the home. One comment received was as follows:

"I like it here. The girls are all lovely."

Ten relative questionnaires were provided; three were returned within the expected timescale. All three indicated that they were very satisfied with the care provided across the four domains. Three relatives were consulted during the inspection. Some of the comments received were as follows:

"Staff are wonderful and treat my father with dignity and respect."
 "As a relative visiting two to three times a week I am always impressed with the cheerfulness of all staff members and the respect they show to all the residents. There is a real family atmosphere."
 "Absolutely no complaints. The staff are great."

Eight staff members were consulted to determine their views on the quality of care in Clareview House. A poster was given to the nurse in charge to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some comments received were as follows:

“It’s a great home. Patients are safe here.”
 “We all work well together. We put the patients first.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. However, discussion with the home manager evidenced the certificate had not been updated to reflect the current number of residential clients in the home. The registered manager confirmed current numbers via electronic mail post inspection and a new certificate was issued by RQIA. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a no change in management arrangements. Discussion with staff, patients and representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager. However, review of the duty rota evidenced that the nurse in charge was not clearly indicated. In addition, the first and last name of all staff employed in the home was not on the duty rota and it was not signed by the registered manager or designated representative. This was discussed with the registered manager who agreed to amend the duty rota to reflect the changes. This will be reviewed at a future care inspection.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service did not collect any equality data on service users and the registered manager and operations manager were encouraged to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data. The operations manager confirmed that diversity and inclusion were part of the homes core values and training was provided to staff during induction and annually.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Discussion with the registered manager confirmed no complaints had been received since the last care inspection.

Discussion with the registered manager review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, complaints and care records. Discussion with the registered manager confirmed there was currently no monthly audit of wounds or incidence of infection within the home. The registered manager agreed to consider these as potential areas to audit.

Review of records and discussion with the registered manager evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place.

The registered manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

The registered manager further confirmed that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff carry out clinical/neurological observations as appropriate. These are recorded on Epiccare. Falls policy has been updated with guidance for unwitnessed falls. Informal supervision sessions have been held with all nurses to explain this change and the reasons. Care staff have also been advised to ensure they always report such falls to the nurse in charge immediately. They have been further empowered to ensure they are part of the follow up observations process and serve to remind nurses to complete the observations as per the agreed regime.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Clareview maintains adequate means of escape and fire safety at all times. Several areas of the building have more than one potential escape route and action will be taken to ensure clarity exists re which door is deemed the most suitable for use in any specific situation. To confirm, in this particular instance there are three potential escape routes within the immediate area. Two of these were fully accessible for evacuation purposes as designated exits and the other (which is not an actual exit route) was made accessible during inspection when hoists in use were moved back to regular storage area. Inspector observed this action during his visit.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: Alcohol gels are available but we encourage our staff, visitors and residents to follow the best practice of handwashing at appropriate intervals and interactions as per published guidelines. PPE use at mealtimes follows current best practice. Items and equipment are no longer stored inappropriately in bathrooms. A system was already in place for the laundering of slings but has now been complemented with a written record of when this is completed on each occasion. The shower chair in question had rust on one wheel. This shower chair was decommissioned and has been replaced. The commode chair has been decommissioned and replaced. Dust on fan vent covers in toilets and showers was addressed on the day of inspection and a regular program of attention is operated and recorded by the domestic staff.</p>
<p>Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the clinical room is locked at all times to ensure patient safety.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Normal practice in this clinical room is for staff to latch the fire door via the fire safety device to allow easy movement in and out of this room during times of medicine administration. Staff are in and out of this room frequently over the administration period and ensure that all cupboards in the room remain locked with all potential risks removed to locked cupboards when this is the practice. During this inspection the sharps box was in use in this room. Staff have been instructed to ensure this is always kept in the designated locked cupboard during times of medicine administration. The room is locked at all other times of day. The topical creams observed in an identified toilet and bathroom were removed immediately during the inspection. These creams had been applied to a resident during the time of the inspection and staff had omitted to return these to the appropriate storage area. This has been addressed through a staff meeting and regular checks and reminders by the manager and staff nurse team.</p>
<p>Area for improvement 5 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements for the secure storage of medicines.</p> <p>This area for improvement is made with specific reference to the storage of topical medicines.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Suitable arrangements have always existed and staff have been reminded to ensure they use these accordingly. See previous comment.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: In the instance highlighted the records reflected the agreed needs of the patient but no signature had been obtained from the NOK or Care Manager or GP during the initial admission period. AHP's and/or NOK's will be asked to sign at earliest opportunity. Care plans and risk assessments are updated monthly or more frequently if there has been intervention or a recorded change in care needs. The issue highlighted re a dressing of a wound has been fully considered and appropriate care was known to have been delivered. The approach taken to recording changes in the wound care regime will be enhanced following this inspection.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: In all cases where restraint is deemed to be required discussions are held with appropriate AHP's prior to this happening. This is then recorded accordingly. When a patient asks for equipment deemed as a form of restraint to be put in place this is also now recorded and all instances of such use of equipment is reviewed on a monthly basis by care team and at all reviews with the care manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure patient records are stored securely within the home.</p> <p>This area for improvement is made in reference to archiving of patient records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The patient records observed in this instance were all greater than 7 years old and had been left out for collection pending shredding by an official third party. All current and living patient records are stored as per legislative requirements.</p>

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



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