

# Unannounced Care Inspection Report 20 August 2020



## Clareview House

**Type of Service: Nursing Home (NH)**  
**Address: 105 Doagh Road, Ballyclare BT39 9ES**  
**Tel no: 02893 349 694**  
**Inspector: Linda Parkes**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individuals:</b> Naomi Carey	<b>Registered Manager:</b> Sharon Bell
<b>Person in charge at the time of inspection:</b> Sharon Bell	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH (E) – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 24

### 4.0 Inspection summary

An unannounced inspection took place on 20 August 2020 from 09.10 to 17.05 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- patients' records
- governance and management.

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
<b>Total number of areas for improvement</b>	1	4

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

## 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
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with two patients individually, small groups of patients in the lounge, one patients' relative and eight staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rotas from 3 August to 6 September 2020
- staff training
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- six patients' care records
- two patients' reposition charts.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken by the care inspector and the pharmacist inspector on 5 and 7 November 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Second time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of six patients' care plans evidenced that this area for improvement has been met.</p> <p>For further details refer to section 6.2.3</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of the care plan audit 18 August 2020 evidenced that a robust system has been implemented to ensure that care plans are patient centred and reflect the assessed needs of the patient. This area for improvement has been met.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time	The registered person shall ensure that menus are displayed for patient's information in a suitable format and on a daily basis.  Ref: 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the daily menu displayed in the dining room and the use of pictorial menu cards evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11 <b>Stated:</b> Second time	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.  Ref: 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and two registered nurses and review of two patient's care plans and daily progress notes evidenced that this area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 The internal environment/Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

In an identified shower room the shower screen was observed to be cracked and broken with tape covering the area. This was discussed with the manager as it could cause harm to patients or staff. The manager immediately ensured that a notice was displayed to advise that the shower was out of order and that the estates manager was made aware that a replacement door was required.

On inspection of sluice rooms in the home it was observed that there was limited access in two sluice rooms due to inappropriate storage of equipment restricting staff access to the facilities.

This was discussed with the manager who addressed the matter before the end of the inspection. An area for improvement was identified.

It was noted that the cleaner's store was locked appropriately. A staff member from the housekeeping team commented;

"The place is kept spotless and I'm glad to be part of it."

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.

Pull cords in bathrooms throughout the home were seen to be uncovered and could not be easily cleaned in order to adhere to infection prevention and control best practice. This was discussed with the manager and an area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### **6.2.2 Staffing and care delivery**

A review of the staff duty rota from 3 August to 6 September 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

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. It was noted that patients' call bells were answered promptly. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser at the front door and throughout the home were observed not to be full and in working order. It was noted that bottles of hand sanitiser were accessible throughout the home for use. This was discussed with the manager who advised that there had been difficulty obtaining a supply of hand sanitiser from the supplier in order to fill the dispensers and that contact would be made to follow up on the requested delivery.

Staff were observed chatting with patients while they were attending to their hair and providing personal grooming in the hairdressing salon. Patients were receptive and appeared to be enjoying the experience. The manager advised that staff had been providing assistance with activities for patients due to the reorganisation of staff deployment in the home during the pandemic. She advised that the provision of activities by the activity therapist has now resumed and that activity calendars were in the process of being updated. The provision of planned activities will be reviewed at future inspections.

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 and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

A patient commented:

“The food is very good and the staff are very good. I would be confident if I raised a concern that it would be sorted out efficiently.”

The manager advised patient visits were facilitated in the conservatory in order to keep patients and their visitors safe by adhering to government guidelines regarding social distancing during the pandemic.

A relative spoken with commented:

“My wife has been here a number of years. The standard of care and the quality of care is excellent. Staff are helpful, polite and I really have no faults or concerns. Sharon (manager) listens to people and that means a lot to me.”

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 confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

### **6.2.3 Patient records**

Review of six patients’ care records evidenced that care plans regarding falls management, wound management, antibiotic therapy, pressure relief and the provision of activities were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed. Central Nervous System (CNS) observations had been conducted and monitored for 24 hours following a head injury or an unwitnessed fall.

Two patients’ reposition charts were reviewed and one chart identified gaps in recording the delivery of care. It was evidenced that the frequency of the repositioning of the patient and the time recorded was inconsistent. The frequency of repositioning was not recorded on the chart of one patient to direct staff in the delivery of care and the position of the patient in order to relieve pressure was not recorded. This was discussed with the registered manager and an area for improvement was identified.



Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. 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), SALT or the dietician.

#### **6.2.4 Governance and management**

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the 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 manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC. However, it was noted that the registration status of care staff with the NISCC was last recorded on 28 August 2019 and no further records were available to view. This was discussed with the manager who agreed that a robust system is required in order to monitor the registration of all care staff to ensure records are kept up to date. An area for improvement under regulation was identified.

We discussed the provision of mandatory training with staff. 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. Records viewed from March to August 2020 confirmed that staff had attended training in first aid, adult safeguarding, Infection Prevention and Control (IPC) including hand washing and the donning and doffing of personal protective equipment (PPE). We discussed staff training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). The manager advised that she had not completed training regarding DoLS and would ensure that she would access and complete DoLS training as soon as possible. A number of staff had completed training but not all employed staff in the home had completed DoLS level two training. An area for improvement was identified.

Discussion with the manager and 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 care plans and incidents/accidents.

We reviewed accidents/incidents records from 27 January to 17 June 2020 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 manager and review of a selection of records from 10 June to 7 July 2020 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. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, infection prevention and control (IPC), regarding the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found in relation to risk management, management of accidents/incidents and communication between patients, staff and other professionals.

### Areas for improvement

Five areas of improvement were identified regarding inappropriate storage of equipment in two sluice rooms, infection prevention and control (IPC), the contemporaneous recording of patient reposition charts, to ensure that a robust system is implemented regarding the registration of all care staff with the NISCC and in relation to the provision of Deprivation of Liberty Safeguards (DoLS) training.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

## 6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of personal protective equipment. Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding good working relationships.

Correspondence from the manager on 15 September 2020 advised that a supply of hand sanitiser has been delivered and that all hand sanitiser units in the home are full and in good working order. The shower door has been removed and a replacement has been ordered and they are awaiting delivery. The manager advised that all staff have completed level two Deprivation of Liberty Safeguards (DoLS) training and the manager and registered nurses have also completed level three DoLS training.

Enforcement action did not result from the findings of this inspection.

## 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, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that a robust system is put in place to monitor the registration status of care staff with NISCC.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            System in place as discussed on the day of inspection similar to NMC pin checking system. Currently a new HR system is being implemented and this will also provide reports instantly of registration status from in house records.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that equipment is appropriately stored and that access to facilities in sluice rooms is not restricted to staff in order to minimise the risk of infection.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Commodes placed or removed from the sluice rooms to facilitate unfettered access to the toilet in the sluice so as to minimise the risks for staff around infection control</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            All pull cords have been fitted with washable covers since the day of the inspection as discussed</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed:</b>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.2.3</p>

<p>Immediate action required</p>	<p><b>Response by registered person detailing the actions taken:</b>                  Repositioning charts have been ammended to show specific turning intervals as per regime for each individual resident who requires to be repositioned on a regular basis.                  Staff have been reminded verbally and through staff memos to ensure that they complete all records in a comprehensive accurate and contemporaneous manner as this is their record of having carried out the care for the resident as directed. Audits will also be completed regularly.</p>
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<p><b>Area for improvement 4</b>   <b>Ref:</b> Standard 39   <b>Stated:</b> First time   <b>To be completed by:</b>                  30 November 2020</p>	<p>The registered person shall ensure that all employed staff receive training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).                   Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  All trained staff completed level 2 and 3 following the inspection and all care staff and ancillary staff are completing level 2</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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