



# Unannounced Care Inspection Report 23 - 30 August 2019



## Clareview House

**Type of Service: Nursing Home**

**Address: 105 Doagh Road, Ballyclare, BT39 9ES**

**Tel No: 028 9334 9694**

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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 which provides care for up to 35 patients with a range of healthcare needs as detailed in section 3.0.

### 3.0 Service details

<p><b>Organisation/Registered provider:</b> Hutchinson Homes Ltd</p> <p><b>Responsible individual:</b> Mrs Naomi Carey</p>	<p><b>Registered manager and date registered:</b> Mrs Sharon Bell – 8 November 2010</p>
<p><b>Person in charge at the time of inspection:</b> 23 August 2019: Ms Lorraine Dowds, registered nurse</p> <p>30 August 2019: Mrs Sharon Bell</p>	<p><b>Number of registered places:</b> 35</p> <p>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.</p>
<p><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 – over 65 years</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 35</p>

### 4.0 Inspection summary

This unannounced inspection was undertaken by the care, medicine management and finance inspectors and was undertaken between 23 August 2019 and 30 August 2019.

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

The inspection assessed progress with all areas for improvement identified in the home since the last care, medicines management and finance inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

During the inspection, we were concerned that the quality of management and governance within the home was insufficiently robust to assure the quality of service provided. The areas of concern include the following:

- infection prevention and control practices
- care planning for restrictive practices
- control of substances hazardous to health
- ensuring patients receive medicines as prescribed
- notification of notifiable events to RQIA in accordance with regulations
- availability of records for inspection within the home.

Significant concerns were also identified in relation to the planning and delivery of care for patients in Clareview House; specifically in relation to post fall management, management of infection, management of wounds and the development of care plans in a timely manner.

As a consequence of our findings, following the inspection the responsible individual and the registered manager were invited to attend two enforcement meetings in RQIA on 2 September 2019 to discuss the serious concerns highlighted above 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.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. A number of additional areas for improvement are also identified and detailed in the body of the report below.

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

Comments received from patients, people who visit them, visiting professionals and staff during the inspection are included in the main body of this report.

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>	*10	*9

\*The total number of areas for improvement includes two which have been stated for a third time and four which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Dowds, registered nurse and Mrs Sharon Bell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of two meetings to discuss serious concerns and an intention to serve one failure to comply notice. Following these meetings a decision was made to take no further enforcement action given the assurances provided by the registered person at this time.

## 4.2 Action/enforcement taken following the most recent inspection dated 17 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 17 November 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings including registration information, and any other written or verbal information received.

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 was provided for staff detailing how they could complete an electronic questionnaire. 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 weeks commencing 19 August 2019 and 26 August 2019
- incident and accident records
- four patient care records
- a section of patient care charts including reposition charts
- complaints record
- compliments received
- agency staff induction records
- evidence of fire drills and fire management book
- 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 controlled drugs, insulin, warfarin, antibiotics and time-critical medicines
- care planning in relation to distressed reactions, pain, thickening agents
- medicine management audits
- medication related incidents
- storage of medicines
- stock control
- two patients' finance files including copies of written agreements

- a sample of various financial records including, patients' personal allowance and valuables, fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records of patients' personal property
- a sample of records of reconciliations of patients' monies and valuables
- a sample of records of monies deposited on behalf of patients.

Areas for improvement identified at the last care, medicines management and finance inspections were reviewed and assessment of compliance recorded as either 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 last care inspection on 17 November 2018

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 13 (1) (a) (b)  <b>Stated:</b> Second time	The registered persons 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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of records evidenced this area for improvement has not been met. This is discussed further in 6.4 of this report.  <b>This area for improvement is not met. It formed part of the enforcement meetings held and assurances of compliance have been received. It is now stated for a third and final time and will be validated at the next inspection.</b>	



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered persons shall ensure adequate means of escape in the event of a fire.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Review of the environment evidenced that the majority of fire exits were clear. We discussed two fire exits which had furniture and/or patient equipment placed in front of/or behind the fire exits doors. Assurances were given that this practice will be reviewed to ensure fire exits are kept clear. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Review of the environment, observation of practice and examination of records evidenced this area for improvement has been partially met. This is discussed further in 6.3 of this report.</p> <p><b>This area for improvement is partially met. It formed part of the enforcement meetings held and assurances of compliance have been received. It is now stated for a second time and compliance will be validated at the next inspection.</b></p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First 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> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  During review of the environment we observed a bottle of chemicals stored in an unlocked cupboard. In addition food and fluid thickening agents were also observed to be in another unlocked cupboard; both of which patients had access to.</p>	<p><b>Not met</b></p>

	<p><b>This area for improvement is not met. It formed part of the enforcement meetings held and assurances of compliance have been received. It is now stated for a second time and compliance will be validated at the next inspection.</b></p>	
<p><b>Area for improvement 5</b>  <b>Ref:</b> Regulation 16 (1) (2)  <b>Stated:</b> First time</p>	<p>The registered persons shall ensure that a comprehensive care plan is developed for the identified patient with behaviours which may challenge.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>                  Review of care records for the identified patient confirmed that a comprehensive care plan was in place for this area of care.</p>	
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 18.1  <b>Stated:</b> Second time</p>	<p>The registered persons shall ensure that patients are involved with assessments in relation to the use of restrictive practices. Care plans should accurately reflect any discussions with patients and/or their relatives.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>                  Examination of records evidenced this area for improvement has not been met. This is discussed further in 6.3 of this report.</p> <p><b>This area for improvement is not met. It formed part of the enforcement meetings held and assurances of compliance have been received. It is now stated for a third and final time and will be validated at the next inspection.</b></p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 44.8  <b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the nurse call system is accurately and effectively labelled at all times for reference by staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>                  Observation of the nurse call system panel confirmed it was clearly labelled and areas within the home were clearly identified.</p>	



Areas for improvement identified at the last medicines management inspection on 14 February 2018 have been reviewed and assessed as met.

Two areas for improvement identified at the last finance inspection have been reviewed and assessed as partially met. These have been restated for a second time and included in the QIP at the back of this report.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival at the home we were greeted by the nurse in charge who was friendly and welcoming. They 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 for weeks commencing 19 August 2019 and 26 August 2019 evidenced that the planned staffing levels were adhered to. 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.

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 patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Clareview House. We evidenced that elements of training received had not been embedded into practice. The deficits were identified in relation to moving and handling for one identified staff member. This was discussed with the nurse in charge for action as required.

Staff recruitment records were not available for inspection. Staff spoken with said new staff completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records evidenced agency staff received an induction on commencement of employment in the home.

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

We reviewed accidents/incidents records since December 2018 in comparison with the notifications submitted by the home to RQIA. There was evidence that at least seven notifications were not submitted in accordance with regulation. This was discussed with the manager who agreed to submit the outstanding notifications retrospectively. An area for improvement under the regulations was made. We identified one accident that had occurred in the home was not recorded appropriately in the accident records retained by the home. This was discussed with the nurse in charge for action as required.

Review of the environment, observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices. It was pleasing to see the majority of the areas for improvement identified in the previous care inspection report had been addressed. However, we observed continued deficits in hand hygiene practices. Additional deficits were identified in

staff knowledge of IPC, use of personal protective equipment (PPE), cleaning and storage of patient equipment and storage of personal items in communal bathrooms. Many of these issues had been previously identified during the care inspection on 16 May 2018. IPC practices were identified as an area for improvement following the care inspection on 17 November 2018. An area for improvement under the regulations was stated for a second time.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. However, review of care records for an identified patient confirmed there was no evidence of consultation with relevant persons prior to the use of the restrictive practice. This had been identified as an area for improvement during the previous two care inspections on 16 May 2018 and 17 November 2018. This matter is stated for a third and final time.

The front door to the home was locked by way of an electronic keypad. There was no effective signage displayed detailing the code required to open the door. This should be reviewed to ensure patients and visitors can freely exit the home. This will be reviewed at a future care inspection.

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 clean, warm and well decorated. We observed the plant room to be unlocked during review of the environment. This was brought to the attention of the group operations manager who arranged for this to be locked.

Records evidenced that systems were in place to manage and record fire drills and fire alarm tests within the home. Minor gaps were identified in the recording of the weekly fire warning system check. The manager should establish a system to ensure all staff participate in a fire evacuation drill at least once a year, training is provided by a competent person at the start of employment and is repeated at least twice a year. This will be reviewed at a future care inspection.

Review of the fire policy evidenced it contained two conflicting dates of when it was issued. From the dates on the policy we were not assured it had been subject to a systematic three yearly review. This was discussed with the manager who agreed to review same.

## **Management of Medicines**

Satisfactory systems for the following areas of the management of medicines were observed: medicine records, the administration of the majority of medicines, the management of medication changes, controlled drugs, warfarin, insulin, time-critical medicines and pain.

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

However, we noted that a number of doses of one medicine had been omitted. Registered nurses had signed to indicate that the medicine was out of stock. This omission had the potential to affect the health and wellbeing of the patient and had not been identified through the home's audit process. There was no evidence that the out of stock had been followed up with the prescriber/pharmacist or that registered nurses had recognised this on-going omission as a medication related incident. The registered nurses on duty were requested to contact the prescriber for advice on the day of the inspection. The registered manager was requested to investigate the incident and to forward the outcome of the investigation, including the action taken

to prevent a recurrence to RQIA. An incident report was received by RQIA on 27 August 2019. The management of actual/potential out of stocks and each registered nurse's accountability to ensure that medicines are administered as prescribed was discussed in detail at the serious concerns meeting on 2 September 2019. Assurances were provided that any out of stocks would be discussed at each handover and followed up to ensure that medicines were not omitted. Medicines must be available for administration on all occasions and registered nurses must take action to follow up any potential out of stocks in a timely manner. An area for improvement was identified.

We reviewed the management of antibiotics for two patients. It was acknowledged that the antibiotics had been commenced without delay and had been administered as prescribed for one of the patients. For the second patient, although the course had been completed, doses had been omitted on some days. There was the potential that therapeutic doses had not been achieved. This was discussed with the registered nurses on duty, with the registered manager via telephone call, 27 August 2019, and at the serious concerns meeting on 2 August 2019. Whilst it was accepted that a system was in place to audit the administration of antibiotics it had either not been effective or had not been used for this patient. An area for improvement was identified.

The management of medicines on admission for four patients was examined. Written confirmation of medication regimens was not requested from the prescriber when patients were admitted from their own home or another care home. This is necessary to ensure that medicines are being administered in accordance with the prescribers' most recent directions. An area for improvement was identified.

The management of distressed reactions was reviewed. Records of prescribing were clearly recorded. Registered nurses advised that they record the reason for and outcome of administration when used. There had been no recent administrations. The care plans did not provide detail on how patients expressed their distressed reactions, any potential triggers and de-escalation strategies. In addition, the care plans did not include the parameters for administration of medicines which were prescribed to be administered 'when required' for the management of distressed reactions. An area for improvement was identified.

We reviewed the management of eye preparations for several patients. All were stored at the manufacturers' recommended temperature and were within their expiry date. This area for improvement identified at the last medicines management inspection was assessed as met.

Registered nurses on duty advised that they were aware that controlled drugs in Schedule 4 (Part 1) must be denatured prior to disposal. A list of medicines which require denaturing prior to disposal was in place to remind registered nurses and a separate disposal book was in place. This area for improvement identified at the last medicines management inspection was assessed as met.

Records of staff training and competency assessment were not available for review at the inspection. Records of training with regards to medicines management and competency assessments which had been completed in April 2019 were forwarded to RQIA on 27 August 2019. This area for improvement identified at the last medicines management inspection was assessed as met.

Mostly satisfactory systems were in place for the management of insulin and warfarin. However, transcribed dosage directions on insulin sliding scale charts and warfarin administration charts had not been verified and signed by a second registered nurse. This was addressed during the inspection and assurances were provided that in the interests of safe practice all transcribed directions would be checked and verified by two registered nurses.

Medicines were observed to be stored safely and securely when the pharmacist inspector arrived in the home. A new medicines refrigerator thermometer had been received two days before the inspection. Guidance on how to use the thermometer to accurately monitor the refrigerator temperature was provided by the inspector.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to agency staff induction, the home’s environment the standard of maintenance of the personal medication records and medication administration records and the prompts in place for weekly/monthly medicines.

**Areas for improvement**

Four areas were identified for improvement in relation to the management of medicines and one area of improvement in regards to notification of events/incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

**6.4 Is care effective?**

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

Post fall management, raised previously on inspection of 16 May 2018 and 17 November 2019 continues to fall below an acceptable standard. During the inspection of 23 August 2019 it was again identified that appropriate actions had not been taken by the home in the management of two identified patients and their post falls risk management. The lack of robust actions taken following a potential or actual head injury poses significant risks to patient’s health and wellbeing. It is of significant concern that improvements have not been made and this matter is stated for a third and final time. This matter was discussed at length during the enforcement meetings on 2 September 2019. Whilst assurances are given that appropriate actions are now established, compliance will be validated at the next inspection.

The management of infection and an associated wound for one identified patient was not maintained in keeping with directions from the multiprofessional team. Review of records evidenced the wound was not checked as required and antibiotics were not administered as prescribed. In addition, care records were not maintained appropriately to guide the staff in the required plan of care. An area for improvement under the regulations was made.

The care records for another patient with significant complex care needs failed to be developed to guide the staff in the delivery of daily care needs. Whilst there were records of assessment of patient need and associated risk assessments the registered nursing staff failed to develop any care plans to guide staff on a daily basis. This was of particular concern given the complexity of the patient's health. An area for improvement under the regulations was made.

We observed the serving of the midday meal. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. 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. Review of the menu evidenced that planned meals had been adhered to.

Review of the dining room evidenced no menus were displayed in a suitable format to meet the needs of all the patients. Patient's spoken with were unaware of what meals were planned for that day. This was identified as an area for improvement under the care standards.

Discussion with staff evidenced they 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 would raise these with the registered manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff knew how and when to provide comfort to patients because they knew their needs well.

### Areas for improvement

Two new areas for improvement under the regulations were identified in relation to the management of infections and wounds and developing care plans in a timely manner. One new area for improvement under care standards was identified in relation to menus.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

#### 6.5 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 were pleased to see staff demonstrate 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.

Discussion with patients and staff and review of the activity board displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We observed patients painting in the afternoon and engaging well with staff.

Patients reported they enjoyed this activity and the other activities provided particularly arts and crafts and the recent 4<sup>th</sup> of July celebrations. One relative spoken with stated,

“I would like to see more activities for those less able patients. It would also be nice to hear some music playing in the background. It would be better than the television being on which no one watches.”

During review of patient care plans we were unable to confirm that activities had been care planned for. Review of the daily progress notes for identified patients did not evidence evaluation of activities. We discussed the need for registered nurses to view activities as an integral part of the care process with the registered manager during a phone call on 24 June 2019. It was disappointing that this had not been actioned. An area for improvement under the care standards was made.

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences. The dining room was bright and tastefully decorated. Tables were attractively set with flowers, napkins and condiments.

Consultation with five patients individually, and with others in smaller groups, confirmed they were happy and content living in Clareview House. Some of the patient’s comments included:

“It is very very good. The variety of food is limited. Sometimes I ask for pizza but I don’t get it.”

“I am getting on well here. They look after me.”

“Food is alright. This is my first time here. They seem nice.”

“They are the nicest people, especially the cleaners.”

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.

Five relative questionnaires were provided; we had no responses within the timescale specified. Staff were asked to complete an online survey; we received no responses within the expected timeframe. One visiting professional spoken with was complementary regarding nursing staff’s knowledge of patients and their ability to communicate with them in a timely manner.

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 maintaining patient’s dignity and privacy and compassionate care.

### Areas for improvement

One new area for improvement under the care standards was identified in relation to ensuring activities are care planned for.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1



## 6.6 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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not clearly recorded. In addition the duty rota did not clearly identify the name of the nurse in charge of the home on each shift. This was discussed with the nurse in charge and identified as an area for improvement under the care standards.

Discussion with staff, patients and a visiting professional evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We requested a selection of records during the inspection including monthly monitoring reports, staff meetings, staff recruitment records and evidence of training. These were not made available for review at the time; the nurse in charge confirmed they were locked in the manager's office. An area for improvement under regulation was made.

Audits completed to assure the quality of care and services within Clareview House were requested during the inspection; as above they were not available for review as they were locked in the manager office. The hand hygiene audit file was the only audit file available for review. Records confirmed that no hand hygiene audit had been completed between June 2018 and May 2019. This was disappointing as hand hygiene had been identified as an area for improvement during the care inspection on 17 November 2018. This was discussed with the registered manager during the meetings with RQIA on 2 September 2019 and assurances were given that hand hygiene audits had been completed although the records could not be found. This will be reviewed at a future care inspection.

Review of the home's complaints records evidenced that systems were not in place to ensure they were managed in accordance with regulations and standards. No complaints had been recorded since June 2018 despite RQIA having information regarding complaints made since then. This registered manager must ensure any expression of dissatisfaction with the service provided in the home is viewed as a complaint and managed accordingly. An area for improvement under the care standards was made.

As highlighted previously in this report we were concerned that the quality of management and governance within the home was insufficiently robust to assure the quality of service provided. The areas of concern included the following:

- post fall management
- care planning for restrictive practices
- infection prevention and control practices

- control of substances hazardous to health
- ensuring patients receive medicines as prescribed
- notification of notifiable events to RQIA in accordance with regulations
- availability of records for inspection within the home
- management of complaints.

The registered person must make improvements in relation to the governance arrangements within the home. An area for improvement under regulation was made to ensure robust governance arrangements are developed and adhered to. Governance arrangements were discussed at length during the meetings held in RQIA on 2 September 2019. Assurances were given by the registered person that appropriate improvements would be made. Compliance will be validated at the next inspection visit.

### **Management of patients' monies**

A finance inspection was conducted as part of this inspection. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified at the last finance inspection; these included records of the reconciliations of monies and valuables held on behalf of patients and records of patients' personal property.

Discussion with staff and a review of records confirmed that reconciliations between the monies held on behalf of patients and the records of monies held were undertaken twice yearly. The records of the reconciliations were signed by the member of staff undertaking the reconciliations and countersigned by the registered manager. We highlighted that the reconciliations should be undertaken at least quarterly as in line with the Care Standards for Nursing Homes, April 2015. This was identified as an area for improvement at the last finance inspection and has been stated for a second time within the QIP of this report.

A review of a sample of personal property records for two patients evidenced that although the records had been updated with items belonging to the patients since the last finance inspection, there was no evidence that the records had been reconciled and signed at least quarterly as in line with the Care Standards for Nursing Homes, April 2015. This was identified as an area for improvement at the last finance inspection and has been stated for a second time within the QIP of this report.

A review of a sample of purchases undertaken on behalf of patients showed that the details of the purchases were recorded. Two signatures were recorded against each entry in the patients' transaction sheets and receipts from the purchases were available.

A review of two patients' files evidenced that copies of signed written agreements were retained within both files. The agreements in place showed the current weekly fee paid by, or on behalf of, the patients.

No new areas for improvement were identified as part of the finance inspection.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing patients with up to date written agreements, informing patients and their representatives in advance of any increase in fees, the recording of transactions undertaken on behalf of patients, the retention of receipts from these transactions, issuing receipts to individuals depositing monies on behalf of patients, retaining records of the amounts received on behalf of patients for fees and the hairdresser and podiatrist signing records along with a member of staff to confirm that the treatments took place.

## Areas for improvement

Two new areas for improvement under the regulations were identified in relation to the availability of records and governance arrangements.

Two new areas for improvement under the care standards was identified in relation to the duty rota and complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Dowds, registered nurse and Mrs 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 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: 6.1 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A clear policy is already in place for this and further training is being delivered to all nursing staff to ensure future compliance is achieved. The threat of disciplinary action has been advised also.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p>Ref: 6.1 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The steam cleaner referred to is appropriately stored. Hand cleansing audits have been increased for a period of time and staff advised to consider researching other acrostics and approaches to this also.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</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>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Further reminders of the importance to ensure all cleaning tasks end with the appropriate securing of products in a locked cupboard or other secure environment have been issued through staff meetings and notices to all staff. The threat of disciplinary action has been advised also.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: 6.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 September 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> All notifications requested have been sent retrospectively and all nursing staff have been advised to ensure a receipt is received, printed and forwarded to the GOM for an as yet undetermined timeframe for audit purposes. The registered manager is also taking copies of all communications shared with RQIA and reviews this weekly.</p> <p>The registered person shall ensure that medicines are available for administration as prescribed.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Where this is within the power of the registered home to achieve it is fully the case. During this particular inspection all medicines prescribed were available but a failure in communication created a situation of ignorance of availability. This process is now enhanced to prevent a reoccurrence.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 September 2019</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> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The system for management of antibiotics has been reviewed and is deemed to be effective. The failing in this instance was due to staff error and non compliance with the established procedure. Further communication with staff has taken place and reminders of the the procedure and the importance of adhering to this have been provided.</p>



<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that patients have appropriate care plans in plans 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: 6.4</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> The infectious wound referred to was in fact a healing treatment with a precautionary antibiotic prescribed. This has subsequently been the subject of a significantly positive report by the attending podiatrist. The lack of a plan is noted and provision made for future cases to be adequately recorded.</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>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans are initiated at the point of admission and evidence of this is available upon reviewing of the avaiillbe check list. Nursing staff have been advised to ensure that whilst working up care plans the information already known should be documented appropriately and added to the system within 5 days of admission. The care plans referred to did comply with the 5 day timeframe.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 19 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</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>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> All are available for inspection and can be accessed during any visit upon request. Staff recruitment records are of a highly confidential and sensitive nature. As such these records are stored in a manner which requires further levels of security to allow full access. A phone call to head office will grant this access within 2 hours of the request.</p>

<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> For an undetermined and yet to be agreed timeframe, enhanced audit review sessions will be conducted with the registered manager by the GOM during a scheduled weekly visit. This timeframe will be reviewed in November 2019. A meeting was also held with the nursing staff, nurse manager, GOM and company directors to remind all present of their professional responsibilities to the residents and each other. A new training programme, designed in house, will address the importance of good governance and communication systems.</p>
<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></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 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: 6.1 and 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The registered person shall ensure that patients are supported to the best of their ability to be involved with assessments in relation to the use of restraint. Care plans will accurately reflect any discussions with patients and/or their relatives.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.25</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 September 2019</p>	<p>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.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> An electronic system is in place to record valuables held. A new audit will be introduced to insure this reconciliation occurs quarterly on a manual basis by the registered manager of valuables and monies.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2019</p>	<p>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.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> An electronic system is being put into place to manage the inventory and a new template will allow for the required physical signing to take place.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 September 2019</p>	<p>The registered person shall ensure that written confirmation of currently prescribed medicines is obtained for all patients on admission.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> No medicines are administered without the written confirmation of the GP or pharmacy instruction notes. Where this may not be obtainable in the immediate short term period after admission for clients from their own homes the medicines will be administered as per the guidance on the medicine boxes and family input until confirmation is given.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 September 2019</p>	<p>The registered person shall review and revise the management of distressed reactions. Detailed care plans should be in place.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager will continue to review and revise the management of all distressed reactions in conjunction with the nursing team and other key professionals. Careplans will be adjusted accordingly following any such review.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2019</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: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Menus are now displayed in several locations around the home.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2019</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: 6.5</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> Activities is already a significant part of life in Clareview. The activity coordinator records in detail all events but the activity staff have been instructed to duplicate this info onto the electronic system.</p> <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>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> New Template issued and in use</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<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>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Complaints received directly by the home are appropriately managed, responded to and recorded.</p>

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



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