

Inspection Report

Name of Service: Clonlee

Provider: Hutchinson Homes Limited

Date of Inspection: 9 January 2025

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

1.0 Service information

Organisation/Registered Provider:	Hutchinson Homes Limited
Responsible Individual:	Mrs Naomi Carey
Registered Manager:	Mrs Perpetua Latta
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 52 patients. Patients bedrooms are located over two floors. There are a range of communal areas throughout the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2025, between 9.05 am to 5.00 pm by a care inspector.

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

Whilst we found care to be delivered in an effective manner, some improvements were required to enhance the oversight of certain aspects of care delivery. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

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

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

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

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

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments included: "lovely food", "well looked after" and "lovely dinner". Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Questionnaires returned from relatives indicated they were very satisfied with the care and services provided in Clonlee. Comments included: "excellent" and "The care is first class".

The staff questionnaires returned, indicated they were satisfied with the care and services provided in Clonlee. Comments included "Proud to say I work at Clonlee PNH", other comments were shared with the management for review and action as appropriate.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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

Patients said there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported. Staff confirmed that they were provided with an induction to support them in their role. Staff told us that the patients needs and wishes were important to them. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

The previous inspection had identified an area for improvement pertaining to training needs, a review of records identified some gaps in the training records; this was discussed with the management for review and action as appropriate; the area for improvement was stated for a second time.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Nursing and care staff received a handover at the commencement of their shift. A handover record was available for staff with pertinent patient details, however, some inconsistencies in the details of patients' needs were identified and these were discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs.

Observation of the lunch time experience confirmed that the food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff attended to patient dining needs in a caring and compassionate manner and where required, staff engaged with patients on a one to one basis to assist them with their meal.

It was positive to note that a menu was displayed to inform patients of the meal and choice available; patients spoke positively in relation to the quality of the meals provided.

Mealtimes matter is a regionally agreed Health and Social Care (HSC) framework to maximise service user safety during mealtimes. There were no issues identified during the lunch time observation pertaining to patient meals or requirements, however a discussion took place with the management to review the dining experience, to further develop the role of a meal time co ordinator and enhance the principle of 'safety pause'.

The importance of engaging with patients was well understood by the manager and staff. A programme of social events was displayed at the main entrance advising of future events. Activities for patients were provided which involved both group and one to one activities; and arrangements were in place to meet the patients social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

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

Care records were generally well maintained, where minor gaps were identified, these were discussed with the management for immediate review and action as appropriate. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Perpetua Latta has been the Manager in this home since April 2005.

Patients and staff commented positively about the management team and described them as supportive and approachable.

The area for improvement identified at the previous inspection pertaining to the infection control audit was reviewed and noted to require further development; and a general review of the available audits identified some gaps. The area for improvement identified at the previous inspection pertaining to the infection control audit was therefore subsumed into a new area for improvement in relation to audit.

The manager had a system in place to monitor accidents and incidents that happened in the home; however it was identified that some incidents had not been notified to RQIA in a timely manner; this was discussed with the management for review and action as appropriate; an area for improvement was identified.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	4*	1

* the total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 14 December 2022</p>	<p>The registered person shall ensure that all medicines including nutritional supplements, thickening agents and external medicines are stored securely under the direct supervision of nursing staff.</p> <p>Ref: 5.2.2</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c)(i)</p> <p>Stated: Second time</p> <p>To be completed by: 9 February 2025</p>	<p>The registered person shall ensure records are maintained to evidence staff training appropriate to their roles and duties.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A training matrix is now in place to clearly record dates staff have attended training. This matrix will also highlight training due to expire within 30 days</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 9 February 2025</p>	<p>The registered person shall ensure that a robust regular system of governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The governance of the audits had been discussed on the day of inspection with both Manager and Deputy manager and addressed at a staff meeting. The feedback from monthly audits are provided to all staff and issues to be addressed by a recorded deadline. The Infection control audit has been reviewed.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30 (c) (f)</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2025</p>	<p>The registered person shall ensure that all notifiable events including accidents and incidents, are reported to RQIA in a timely manner.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: The issue discussed at staff meeting and clarification of notifiable incidents that need reported. Compliance will be monitored on a monthly basis</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2025</p>	<p>The registered person shall ensure that the handover sheet is routinely reviewed and updated to ensure it is reflective of the patients current needs.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: On the day of the Inspection it was noted that inaccurate information of DNRCPR status was on the handover sheet, which has generated an audit to prevent reoccurrence</p>

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