

**BHSCT Meeting with Clifton Nursing Home Management**

**MINUTES**

Monday 10<sup>th</sup> February 2020

**Present:**

Natalie Magee, Interim Co-Director, BHSCT  
 Fionnuala McClelland, Assistant Service Manager, BHSCT  
 [REDACTED] Runwood Homes  
 [REDACTED] Clifton Nursing Home  
 Tracy Reid, Divisional Social Worker, BHSCT  
 Christine Wilkinson, Service Manager, CReST, BHSCT  
 Yvonne McKnight, Service Manager, Safeguarding, BHSCT  
 Ciara Rooney, Safeguarding, BHSCT

**Apologies:**

[REDACTED], RQIA

**NM outlined the purpose of the meeting:**

1. To highlight and discuss ongoing concerns of Clifton NH's ability to sustain change to ensure positive lived experience of residents.
2. To review the length of time the home has been on Escalation despite significant levels of Trust support, interactions and agreed action plans.
3. To seek assurances that the Home has their own internal governance and quality assurance processes in place that identify at an early stage processes slipping and action accordingly, without the Trust having to convene support management meetings to highlight these with the home.
4. To confirm with Home Management that the Trust will be formally writing to RQIA outlining ongoing concerns of sustainability of quality care provision.

Items discussed		ACTION
<p>1. Improvement noted</p>	<p>It was acknowledged that from July 2018 improvements had been evidenced in the following areas:</p> <ol style="list-style-type: none"> <li>1. Medicine Management</li> <li>2. Staff attitude</li> <li>3. Residents cared for in bed</li> <li>4. Environment- supply of equipment/ bed linen</li> <li>5. IPC</li> <li>6. Staffing levels</li> <li>7. Wound care/ nail care/ skin care</li> <li>8. Supplementary records (Toby/Donegal)</li> </ol> <p>Particularly improvements sustained in Toby and Donegal units. However, from February 2019 to date there have been recurring themes where improvement has slipped that is concerning, particularly within Benn Unit and the impact of this</p>	

	<p>on the lived experience of residents. It was noted when a permanent manager was in place significant improvements took place from august 2018-february 2019.</p> <p>It was highlighted that the Home has remained on escalation from February 2019 as the collated information through Incident reporting, home visits, Reviews, family feedback and Quality monitoring reports (QMRs) continued to identify outstanding areas of concern. This was despite support/ feedback and advice to Home Manager and agreed actions at the time the concerns were raised.</p> <p>█████ acknowledged that there has been difficulties within the home and improvements have not been sustained. She agreed with TR that it is disappointing that there was a need to convene a further meeting to address.</p>	
<p><b>Outstanding areas of concern</b></p> <p><b>1.Management Structure</b></p>	<p>The following areas were discussed as particular areas of concern;</p> <p>It was acknowledged by █████ that the current arrangement of one ██████████ ██████████ over the three units with 3 ██████████ aligned to each individual unit, has resulted in a lack of sustained focus on improvements and oversight of quality issues.</p> <p>FMcC highlighted that the concerns began to escalate again particularly in Benn when the permanent manager left the post in May 2019 and was not replaced. █████ informed the meeting that the decision was made by the ██████████ not to appoint a ██████████ post that the ██████████ had previously informed the Trust would be in place.</p> <p>In recognition of the need for a permanent manager to be placed in Benn █████ stated that the ██████████ would be returning in early March 2020.</p> <p>Feedback was given by FMcC in relation to the impact evidenced by a lack of a manager in Benn on the continuity and sustainability of care provided.</p> <p>This was in relation to:</p>	


<p><b>2.Documentation</b></p>	<ul style="list-style-type: none"> <li>- The reliability of information shared and reported to key worker and families</li> <li>- Accuracy of information and timeliness of reporting AI's and APP1 forms</li> <li>- under reporting</li> <li>- Poor staff morale as reported to Senior Practitioners on visits</li> <li>- Understanding of safeguarding champion role and safeguarding processes</li> <li>- Working outside of care management processes with impact on lived experience of resident</li> <li>- Communication between staff</li> </ul> <p>█████ reported that there was acknowledgement of the need to develop nursing and care staff and a 3 day course has been arranged to provide additional training. █████ advised she would ensure the themes identified as areas of focus could be included in the programme delivery.</p> <p>█████ outlined the internal arrangements within the home to identify trends, QA issues and early triggers. █████ would have a daily presence in the units. Two compliance staff are employed to undertake audits across all areas and highlight sustained improvements over a 3 month period. When improvements have not been evidenced, the process is for the █████, based in █████ to undertake a visit to the home. Whilst monthly audit reports are circulated █████ acknowledged that █████ has not always oversight of these to quality assure them as █████ time has been taken away from the home on other issues.</p> <p>It was not clarified if analysis was undertaken internally in relation to areas that required ongoing focus due to recurring patterns of poor performance.</p> <p>█████ agreed to share internal action plan of areas the Home is addressing.</p> <p>It was agreed that if the homes internal governance and assurance processes were robust they should be picking up on the reoccurring concerns and addressing these at an early stage and advising the Trust of this.</p> <p>FMcC and CW gave feedback in relation to care plans not reflecting current resident's needs,</p>	<p>█████</p> <p>█████</p> <p>█████</p>
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<p>3.Communication/ Reporting</p> <p>4.Adult safeguarding</p>	<p>particularly in terms of SALT recommendations or when changes in care had not been reflected in care plans. These were identified during Senior practitioner visits to home from February 2019 to most recent visit in February 2020.</p> <p>Whilst it was acknowledged significant work had been undertaken in early-mid 2019 to update care plans across Tobyhurst Unit and Donegal, it was highlighted that the lack of a day to day manager to ensure focus on maintaining improvement in this area maybe a contributory factor.</p> <p>Suggestion was made that kitchen staff who were notified of SALT requirements utilised plates with residents names to help mitigate against incidents of SALT recommendations not being followed.</p> <p>FMcC and CW feedback on communication concerns particularly in relation to incident and safeguarding reporting. Discussion took place of the adverse incidents in January and February 2020 when [redacted] residents absconded from the unit, [redacted] ). The concern highlighted was Nursing staff in the unit at the time of the incidents reported different accounts/ information on the AI form and APP1 form. Other nursing staff were unaware of the incidents and different accounts of monitoring arrangements for these residents had been reported to FMcC and key worker.</p> <p>[redacted] stated the communication process in place includes daily flash meetings and handover meetings undertaken by [redacted]. [redacted] confirmed at times staff have raised some similar concerns as Trust has highlighted and AH has addressed.</p> <p>Feedback was given by Trust of 26 QMRs received between August 2019 – January 2020. A significant majority of these were categorised as concerns in communication and recording. There is an inconsistent approach to incident reporting and underreporting that creates a sense of unreliability of reporting and reduced confidence in the Home evidencing quality and consistency of delivery of care.</p> <p>CR and YMck provided a summary of ongoing and reported safeguarding incidents from December 2018- January 2020:</p>	
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<p>5.Security</p>	<p>58 incidents in total reported, 31 screened out indicating a high number of inappropriate referrals and lack of understanding and knowledge of safeguarding procedures and reporting.</p> <p>27 screened in of which 8 were safeguarding, 16 held with CReST as adult at risk of harm.</p> <p>■ informed the meeting that there are 4 safeguarding champions identified across units, ■ as named person and the 3 deputies as nominated others. Training has been delivered by Volunteer Now.</p> <p>YMCK highlighted the following concerns:</p> <ul style="list-style-type: none"> <li>- Application of threshold</li> <li>- Quality of information provided</li> <li>- Lack of completion and detail included in documentation</li> <li>- Timely reporting</li> </ul> <p>■ acknowledged the need for support in this area and the Trust is keen to work with the Home in undertaking a QI project to support development and understanding of roles, responsibilities and reporting in this area.</p> <p>■ was asked to provide a copy of the safeguarding policy and procedures they are adhering to, to ensure they are the correct NI policy and procedures. ■ to provide an assurance statement on training that has been delivered to staff in relation to safeguarding. ■ also advised she would put in place QA process to ensure incident reports were reviewed before submission to reduce variation and apply a level of management scrutiny to this process.</p> <p>Incidents reviewed as detailed under communication:</p> <p>■ ■ ■</p> <p>■ confirmed that actions taken to tighten security included new key pads on internal front</p>	<p>■</p>
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<p><b>7. Staff morale (Benn Unit)</b></p>	<p>Staff had reported to CReST practitioners that they were feeling unsupported and feel without a manager in place that morale is low. [REDACTED] and [REDACTED] reported that they would not be aware of an issue with staff morale in Benn. [REDACTED] further stated that there was plans to undertake a staff survey as part of an HR clinic. It was also acknowledged that staffing levels were very good and that no agency staff had been used for a significant length of time.</p>	
<p><b>Summary</b></p> <p><b>Feedback from Home</b></p> <p><b>Actions Agreed</b></p>	<p>The need for accountability, QA and scrutiny by Home management was highlighted as key in addressing the concerns raised. The levels of variation and length of time with these concerns not being addressed to a sustained standard is the overarching concern. TR expressed the willingness of the Trust to support the improvement process but reiterated the need for the Home to have internal governance processes in place to trigger early interventions and actions without the need for the Trust to highlight these.</p> <p>TR advised as RQIA could not attend the meeting the Trust would be writing formally to RQIA to advise them of the themes discussed and the concern over sustainability of improvements across Clifton NH and impact on the lived experience of residents.</p>  <p>Positive feedback was given about the CReST practitioners aligned to the home.</p> <p><b>Home management:</b></p> <ol style="list-style-type: none"> <li>1. To provide action plan to address concerns</li> <li>2. To provide assurance statement on safeguarding training delivered to staff and safeguarding policy and procedures Home is currently adhering to.</li> </ol>	<p>TR/NM</p> <p>FMcC</p>

	<p>3. To supply action plan in relation to security measures and risk mitigation in relation to home environment.</p> <p><b>Trust;</b></p> <ol style="list-style-type: none"><li>1. Complete QIST project in partnership with home</li><li>2. Address home managers feedback with CReST practitioners and senior staff.</li><li>3. Write to RQIA in relation to concerns and outcome of meeting</li><li>4. Continue observation and support visits</li><li>5. Home to remain on Escalation</li><li>6. Reconvene meeting with home management in 3 month's time.</li></ol>	
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**Next Meeting:**

**Monday 11<sup>th</sup> may 10am Shankill Resource Centre**