

# Unannounced Care Inspection Report

13 January 2017



## Carryduff Nursing Home

**Type of Service:** Nursing

**Address:** 19 Church Road, Carryduff, BT8 8DT

**Tel No:** 02890814862

**Inspector:** Sharon Mc Knight and Gerry Colgan

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Carryduff Nursing Home took place on 13 January 2017 from 9:30 hours to 15:40 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

On the day of inspection patients and staff spoken with commented positively in regard to the care in the home. A new manager took up post approximately 2 months prior to the inspection. Patients and staff were complimentary regarding the improvements they have made to date. Staff reported they felt well supported. There was evidence of good leadership in the home. A review of records and discussion with the manager and staff evidenced that a significant amount of work had been undertaken in response to the previous quality improvement plan (QIP); the three previous requirements and nine recommendations had been complied with.

There were no areas for improvement identified as a result of this inspection.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Jessie McGreevy, manager, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/ registered provider:</b> Gerald William Beattie Edwin Samuel Johnston	<b>Registered manager:</b> At the time of this inspection an application had been received for registered manager and was being processed. .
<b>Person in charge of the home at the time of inspection:</b>  Jessica McGreevy, manager.	<b>Date manager registered:</b>  Registration pending
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 23

## 3.0 Methods/processes

Prior to inspection we analysed 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with all of the patients, the registered nurse, three care staff, the cook and one patients' visitors.

The following information was examined during the inspection:

- three patient care records
- staff duty roster for the week commencing 9 January 2017
- staff training records
- minutes of staff meeting held on 24 November 2016
- staff recruitment records
- fire risk assessment
- patient menu
- records of audit.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 20 October 2016**

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 05 July 2016**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> Second time</p>	<p>The registered person must ensure the safe administration of medicines.</p> <p>Medicines must not be left unattended and registered nurses must only sign for the administration of medicines which they have actually administered.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b>                      A review of the minutes of the staff meeting held on 24 November 2016 evidenced that the administration of medications and the findings of the previous two care inspections had been discussed at length with the registered nurses. The registered nurses had signed and dated the minutes to confirm they understood what had been discussed.</p> <p>We spoke with one registered nurse who was knowledgeable regarding the importance of ensuring that medicines were not left unattended and that they only signed when the medicines had been taken by the patient.</p> <p>The morning and lunchtime medication round were completed during the inspection. There were no areas of concern identified with the administration of medicines.</p> <p>This requirement has been met.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21(1)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of one staff recruitment file employed since the previous inspection evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.</p> <p>This requirement has been met.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20(1)(a) and 21(1)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses have, and maintain, a live registration with their professional body must be implemented.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and a review of records evidenced that a robust system for monitoring the registration status of nurses was in place.</p> <p>A review of records confirmed that all of the registered nurses on the duty roster for the week of the inspection were registered with the Nursing and Midwifery Council (NMC).</p> <p>This requirement has been met.</p>		

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> Second time	It is recommended that environmental issues as referenced in section 5.3 (of the previous report) are addressed to ensure that infection prevention and control best practice is adhered to and that the home is decorated to a standard acceptable for patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A general inspection of the home was undertaken and examined a number of bedrooms, toilets and bathrooms and equipment. A number of rooms have been redecorated since the previous inspection; rooms have also been de-cluttered. Equipment was observed to be well maintained; paintwork of surfaces which had been previously damaged has been repaired. This recommendation has been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 12.13 <b>Stated:</b> Second time	It is recommended that the menu is reviewed to ensure that there is meaningful choice for patients at each meal. This includes choice for those patients who require a modified diet.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager explained that the menu had been reviewed in October 2016. A review of the menu and discussion with staff evidenced that there was a choice of two main dishes at each meal. The cook confirmed that both dishes offered at lunchtime were suitable for those patients who required a modified diet. This recommendation has been met.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	It is recommended that information provided by the HR administrator is sufficient to assure the registered manager of the outcome of the check from Access NI. A record should be maintained of the date the outcome was checked to evidence that this check was completed prior to the candidate commencing employment.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The individual reference number, the outcome of the check and the date the check was received was recorded in the home. A review of one personal file evidenced that the check was completed prior to the candidate commencing employment. This recommendation has been met.</p>	
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 13.11 <b>Stated:</b> First time</p>	<p>It is recommended that refresher training in adult safeguarding should be arranged as a priority in accordance with the home's policy and best practice.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of training records evidenced that 22 out of 26 staff attended refresher training on either 6 October or 5 December 2016. The manager confirmed that future dates were arranged to ensure all staff have annual refresher training. This recommendation has been met.</p>	<b>Met</b>
<p><b>Recommendation 5</b> <b>Ref:</b> Standard 48 <b>Stated:</b> First time</p>	<p>It is recommended that the use of the identified area for storage should be discussed with the fire risk assessor to ensure that it does not compromise fire safety.</p> <p>RQIA should be informed of the outcome of this discussion.</p> <p><b>Action taken as confirmed during the inspection:</b> RQIA received confirmation that the identified storage area had been discussed with the fire risk assessor in the returned quality improvement plan (QIP) on 21 September 2016.</p> <p>A review of the fire risk assessment completed on 19 December 2016 includes the identified storage area.</p> <p>This recommendation has been met.</p>	<b>Met</b>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the recording of wound care is reviewed to ensure the delivery of care is evidenced; a consistent approach should be agreed to where the entries will be documented.</p> <p>Individual care records should be maintained for each wound in accordance with best practice.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that they had reviewed the recording of wound care with a view to a more consistent approach to how records were maintained. A review of wound care evidenced that there were no patients with more than one wound. The registered nurse spoken with was knowledgeable of the need to maintain individual wound records for each wound.</p> <p>We were assured by a review of the records and discussion with staff that this recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 12.12</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the necessary equipment to monitor the weight of those patients who are non-weight bearing, is available.</p> <p><b>Ref section 4.4</b></p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that they had access to the necessary equipment to monitor the weight of all patients. A review of care records evidenced that all patients were weighed regularly and appropriate action taken in response to weight loss and weight gain. This recommendation had been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the nutritional content of the dishes served and the intervals between meals, including the serving of morning and afternoon tea, are delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014.</p> <p><b>Ref section 4.4</b></p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> As previously discussed the three week menu has been reviewed to ensure there is a choice of nutritious meals available at each mealtime. Staff confirmed that lunch is served at 12 30 hours and evening tea at 16 45 hours; morning and afternoon tea is served at 10 45 hours and 14 45 hours respectively. The dining rooms have been decluttered and are now clearly defined as dining rooms. We observed the serving of lunch throughout the home. The majority of patients came to the dining room for their meal. Those who choose to remain in their bedroom or in the lounge were supported by staff throughout the meal.</p> <p>This recommendation has been met.</p>	
<p><b>Recommendation 9</b> <b>Ref:</b> Standard 35.16 <b>Stated:</b> First time</p>	<p>It is recommended that areas for improvement identified during audit should be re-audited to ensure the required improvements are made and compliance with best practice is achieved.</p> <p><b>Ref section 4.5</b></p> <p><b>Action taken as confirmed during the inspection:</b> The manager had a range of audits they undertake monthly. There were no areas for improvement identified in completed audits we reviewed. The manager was knowledgeable regarding the audit process and the need to ensure areas for improvement identified are re-audited to ensure service improvement. This recommendation has been met.</p>	<p><b>Met</b></p>

### 4.3 Inspection findings

We arrived in the home at 09:30 hours, breakfast was being served. There was a calm atmosphere in the home and staff were busy attending to patients' needs.

Patients spoken with commented positively in regard to the care they were receiving. A new manager has recently been appointed and patients were complimentary regarding the improvements to the environment and the provision of activities and social recreation which now takes place regularly.

We spoke with the visitor of one patient, who, although they did not visit regularly, was generally happy with how their friend was being care for. We did not have the opportunity to speak with any other relatives; ten questionnaires were issued to relatives, four were returned

in time for inclusion in the report. Whilst all of the respondents indicated that, overall, they were very satisfied or satisfied that care was safe, effective and compassionate and that the service was well led. Three of the respondents included comments that the home did not have enough staff

Staff spoken with were knowledgeable regarding patients likes, dislikes and personal preferences. Ten questionnaires were issued to staff; six were returned. Staff responded that they were either very satisfied or satisfied that care was safe, effective, compassionate and well led but five staff also commented on being short staffed.

A review of the staffing roster for week commencing 9 January 2017 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, the manager confirmed that general assistants were on duty daily to undertake catering, domestic and laundry duties. No concerns were raised by patients or staff during the inspection.

The comments included in the questionnaires were shared with the manager who reported that during the month of January the home has experienced higher than usual levels of absenteeism. They are currently reviewing the management of absenteeism in an attempt to reduce the incidence of staff reporting sick at short notice. Following discussion of the comments received the manager agreed to review them further.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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