

Unannounced Care Inspection Report 22 March 2018



Carryduff Nursing Home

Type of Service: Nursing
Address: 19 Church Road, Carryduff, BT8 8DT
Tel No: 028 90814 862
Inspector: Sharon Mc Knight

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 23 persons.

3.0 Service details

Organisation/Registered Provider: Carryduff Nursing Home Responsible Individuals: Gerald William Beattie Edwin Samuel Johnston	Registered Manager: See Below
Person in charge at the time of inspection: Joenil Ong	Date manager registered: Joenil Ong, Registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 23

4.0 Inspection summary

An unannounced inspection took place on from 11:10 to 15:20.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff attitude and the home's environment, record keeping and the dining experience. Examples of good practice were found throughout the inspection in relation to the culture and ethos of the home, the manner in care was delivered and the maintenance of good working relationships.

One area requiring improvement was identified with the provision of staff to ensure that patients' needs are met in a timely manner.

Patients said they were happy living in the home. Example of comments provided are include in the 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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Joenil Ong, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 October 2017.

The most recent inspection of the home was an unannounced care inspection undertaken on 19 October 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with three patients, four staff and one patients' relative.

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

The following records were examined during the inspection:

- duty rota for nursing and care staff from 19 – 25 March 2018
- incident and accident records
- three patient care records
- one patient repositioning charts

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 19 October 2017.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2)(c) Stated: First time	<p>The registered person shall ensure that as far as is reasonably practical unnecessary risks to the health and safety of patients are identified and as far as possible eliminated.</p> <p>The identified member of staff must receive additional training in health and safety; monitoring arrangements must be put in place to ensure that the training is embedded into practice and that warning signs are displayed to alert people when floors are wet.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that additional training had been completed with the identified member of staff on 23 October 2017 and observations of their practice undertaken on a number of occasions in November and December 2017. No further issues were identified during these observations. No issues were identified with the display of warning signs during this inspection. This area for improvement has been met.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered person shall ensure that staff recruitment files include the reason for leaving employment, in positions where the candidates have worked with children or vulnerable adults.	Met
	Action taken as confirmed during the inspection: A review of two recruitment files evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient have an individual care plan for each wound and that each care plan is re-evaluated in response to patient's changing needs.	Met
	Action taken as confirmed during the inspection: A review of wound care records evidenced that were a patient has more than one wound individual care plans were in place for each wound. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 21.7 Stated: First time	The registered person shall ensure that referrals made to healthcare professionals are followed up to ensure any advice, treatment and support is obtained in a timely manner.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that registered nurses were proactive in following up requests for a referral to healthcare professionals. This area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for week commencing 19 March 2018 evidenced that planned staffing levels were adhered to. In addition to registered nursing and care staff, they confirmed that administrative, catering, domestic and laundry staff were also on duty daily. Patients spoken with raised concerns regarding the length of time they had to wait for assistance, particularly in the morning. One patient commented that the staff were great but that “there isn’t enough of them.” A review of patient dependency evidenced that the majority of patients required the assistance of two staff; the staffing levels in the morning had recently been reduced in response to the occupancy of the home. Discussion with staff evidenced that, at times, unoccupied beds did not impact significantly on their workload yet staffing levels were reduced. There must be adequate staff available to ensure that patients’ needs are met in a timely manner. This was identified as an area for improvement. To ensure staffing is sufficient to meet the needs of the patients the number of staff required must be determined by jointly considering the occupancy of home and the dependency of patients.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms and the lounge and dining room. The home was found to be warm, well decorated, fresh smelling and clean throughout. Systems were in place to support good practice with infection prevention and control measures.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attitude and the home’s environment.

Areas for improvement

An area for improvement was identified to ensure that there are sufficient staff available to ensure that patients’ needs are met in a timely manner.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

A review of three patient care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed for each patient. Assessments were reviewed as required and at minimum monthly. There was evidence that assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

We observed the serving of lunch. Patients had a choice to either come to a dining room for lunch or have lunch in their bedroom or the lounges. Tables were set with cutlery and napkins and a selection of condiments. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and the dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following comments were received:

"The girls are wonderful..."

"Care is very good."

"Everyone does a great job."

We spoke with the relative of one patient. They were complimentary regarding staff and the care in the home and confirmed that they were made to feel welcome when they visited.

Questionnaires were issued to relatives, two were returned prior to the issue of this report. Relatives were satisfied that care was safe, effective and compassionate and that the service was well led.

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the manner in care is delivered.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the manager and observation of patients evidenced that the home was operating within its registered categories of care. The most recent certificate of registration issued by RQIA was appropriately displayed in the foyer of the home.

The manager's hours were clearly recorded in the home. The manager had recently been appointed and was being supported by a senior manager within the group. It was good to note that patients and relatives spoken with were aware of the changes to management and confirmed that they had met the new manager. The manager confirmed their intention to apply to RQIA for registration as the manager of Carryduff.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA in January to March 2018 confirmed that these were appropriately managed. The manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joenil Ong, 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 Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>19 April 2018</p>	<p>The registered person shall that there are adequate staff available to ensure that patients' needs are met in a timely manner.</p> <p>To ensure staffing is sufficient to meet the needs of the patients the number of staff required must be determined by jointly considering the occupancy of the home and the dependency of patients.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The staffing level was increased to four (4) staff in the morning as per the needs of the service users.</p>

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



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