



The Regulation and
Quality Improvement
Authority

Carryduff Nursing Home
RQIA ID: 1068
19 Church Road
Carryduff
BT8 8DT

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**Unannounced Care Inspection
of
Carryduff Nursing Home**

4 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 4 February 2016 from 10 15 to 16 15 hours.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 24 November 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 24 November 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	8*

*The total number of requirements and recommendations include two recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Bella Calip, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Carryduff Nursing Home Gerald William Beattie Edwin Samuel Johnston	Registered Manager: Bella Calip
Person in Charge of the Home at the Time of Inspection: Bella Calip	Date Manager Registered: 22 October 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 23
Number of Patients Accommodated on Day of Inspection: 18	Weekly Tariff at Time of Inspection: £593.00 - £636.00

3. Inspection Focus

On 2 February 2016 RQIA received an anonymous complaint that were insufficient staff to meet the needs of the patients. The complainant made particular reference to the provision of catering staff on Saturday 30 January 2016.

Issues regarding staffing were identified in the inspection completed on 19 November 2015. At that time an urgent findings notice was issued and a follow up inspection scheduled for 4 February 2016. The inspection focus was to determine what progress had been made in addressing the requirements and recommendations made as a result of the previous inspection.

Following discussion with RQIA senior management, it was agreed that the focus of the inspection scheduled for 4 February 2016 would subsume the issues raised by the anonymous caller.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients
- discussion with one relative
- review of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection, we met with five patients individually and with the others in small groups, one registered nurse, three care staff, the laundry assistant, the domestic, the cook and one patient's relative.

The following records were examined during the inspection:

- four patient care records
- menu
- staff roster
- staff training records
- a selection of policies.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 25 November 2015. The completed QIP was returned and approved by the care inspector.

Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered persons must review the provision of staff to ensure that there are adequate staff to safely undertake the duties of catering, laundry and domestic assistant. This review must include the deployment of staff to ensure that best practice in food hygiene and infection prevention and control are adhered to. RQIA must be informed of the outcome of the review.</p> <p>Action taken as confirmed during the inspection: A review of duty rosters for week commencing 11, 18 and 25 January 2016 evidenced that there were individual members of staff rostered daily to undertake the role of catering assistant, laundry assistant and domestic assistant.</p> <p>Five members of staff spoken with confirmed that there were staff on duty each day to undertake these duties. Staffing is further discussed in section 5.4. This requirement has been met.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person must review the management of laundry to ensure that regional guidance on infection prevention and control is adhered to. The review must include:</p> <ul style="list-style-type: none"> • adequacy of the washing machines with regard to the sluicing and decontamination programmes • policies and procedures for the management of laundry • staff knowledge of the correct procedures for contaminated laundry • staff practice and adherence to correct laundry procedure. <p>RQIA must be informed of the outcome of the review.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>On arrival to the home we visited the laundry to examine the environment and speak with the laundry assistant.</p> <p>The laundry was clean and well organised. One of the previous washing machines had been upgraded to a machine with a sluice cycle. The laundry assistant was knowledgeable regarding the sluicing programme and confirmed that laundry which was contaminated or infected was placed in water soluble bags by care staff prior to sending it to the laundry.</p> <p>Care staff spoken with demonstrated a sound knowledge of the management of contaminated and infected linen.</p> <p>The registered manager confirmed that the policies and procedures for the management of laundry had been reviewed and were currently being updated to ensure they were reflective of best practice.</p> <p>RQIA were informed of the outcome of the review by the inspection process.</p> <p>This requirement has been met.</p>	<p>Met</p>

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 39.4 Stated: First time	It is recommended that training on communication, palliative and end of life care should be provided for all grades of staff appropriate to their roles and responsibilities.	Partially Met
	Action taken as confirmed during the inspection: A review of training records evidenced that four staff attended training in palliative care on 29 January 2016. This recommendation is assessed as partially met and is stated for a second time.	
Recommendation 2 Ref: Standard 36.2 Stated: First time	Policies and procedures on the management of palliative and end of life care and death should be reviewed and, where necessary updated, to ensure they reflect the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes in December 2013.	Partially Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a review of the policies and procedures on the management of palliative and end of life care and death had commenced but the policies had not been reissued yet. This recommendation is assessed as partially met and is stated for a second time.	
Recommendation 3 Ref: Standard 32 Stated: First time	It is recommended that link nurses for palliative and end of life care should be identified and provided with enhanced training to act as resource within the home to guide, inform and support patients, relatives and staff.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed the name of the registered nurse who was identified as the link nurse in palliative and end of life care. Training records evidenced that they had attended training on 2 December 2015 commensurate with this role and that further training was planned. This recommendation is assessed as met.	

<p>Recommendation 4</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>It is recommended that further opportunities, to discuss end of life care, should be created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients’.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence in one care record of the patient’s wishes with regard to end of life care. These were recorded in a care plan.</p> <p>The registered nurse spoken with confirmed that discussions were ongoing with patients and relatives in this area of care.</p> <p>RQIA were satisfied that there were systems in place to provide patients and relatives with an opportunity to identify end of life care wishes. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>It is recommended that pain assessments are reviewed regularly and in response to changes in the patient’s condition.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patient’s care records evidenced that pain assessments were reviewed regularly and in response to changes in the patient’s condition. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p>	<p>It is recommended that the unsupervised operation of the laundry should be discussed with the fire risk assessor and advice sought how to best manage the laundry with regard to fire safety.</p> <p>RQIA should be informed of the outcome of this discussion.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager confirmed the unsupervised operation of the laundry had been discussed with the fire risk assessor and advice given on how to best manage the laundry with regard to fire safety. A copy of the e mail received from the fire risk assessor was provided to RQIA. This recommendation has been met.</p>	<p>Met</p>

5.3 Is Care Safe? (Quality of Life)

The registered manager confirmed the planned daily staffing levels for the home. A system to review patient dependency was in place. A review of the registered nurses and care assistant staffing roster for weeks commencing 18 and 25 January 2016 and 1 February 2016 evidenced that the planned staffing levels were adhered to. The registered manager confirmed the options available to secure staff at short notice.

Prior to the inspection concerns were raised that there were insufficient staff to undertake the roles of catering assistant, laundry assistant and domestic and that this resulted in care staff having to assist with these duties. A review of the staffing rosters for the weeks commencing 18 and 25 January 2016 and 1 February 2016 evidenced that there were individual staff members rostered to undertake these roles seven days a week. On two occasions during the this three week period, when staff had reported sick, the registered manager was unable to provide cover, these were both in the laundry. The importance of managing staff absenteeism was discussed at length with the registered manager.

The anonymous caller raised specific concerns regarding 30 January 2016 when it was alleged that, due to sickness, the cook's shift was only partially covered and this cover was provided by a member of staff who was not appropriately qualified to undertake the role. Concern was also expressed regarding cover for the cook for week commencing 1 February 2016. We reviewed the duty roster and discussed the action taken to provide cover by the registered manager. Records confirmed that there was cover for the cook on 30 January 2016 from 08 00 to 15 30 hours. RQIA were satisfied that reasonable steps had been taken to try and secure cover for the entire shift. A cook from one of the other homes in the Spa Group was providing cover for the week commencing 1 February 2016. There were no issues identified with this arrangement.

The qualifications, competency and experience of staff who undertake the role of cook at short notice was discussed with the registered manager. It was recommended that staff provide the registered manager with evidence of training undertaken outside of the home to ensure that staff are appropriately qualified to undertake roles outside of their main job description. The registered manager agreed to contact the environmental health department and discuss what qualifications/training staff undertaking food preparation require.

There were no concerns raised regarding the provision or deployment of staff during discussion with patients, relatives and staff.

When staff were working outside of their normal role the capacity in which they were working was not always recorded. The exact rostered hours for the cook were not indicated on the duty roster; the hours the cook worked was recorded as "K". The importance of ensuring that the duty rota reflects the capacity in which staff are working and the actual hours the person is rostered to work was discussed with the registered manager and a recommendation was made.

The registered manager confirmed that staff meetings were held regularly; there were no minutes to evidence who had attended, the issues discussed or the actions agreed. A recommendation was made.

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets at random. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was generally fresh smelling, clean and appropriately heated.

The following areas for improvement were identified:

- Several carpets were heavily stained. All of the carpets which are stained should be cleaned and if the stain cannot be removed they should be replaced.
- The veneer on a number of integrated bed rails was damaged with the wood exposed. This compromised the ability to clean the surfaces effectively. These surfaces should be repaired.
- The paint on the frames of a number of hoists was damaged with metal exposed. The cushion covering on the arm of one hoist was damaged. This damage compromised the ability to clean the surfaces effectively. These surfaces should be repaired.
- There was damage noted throughout the home to the paintwork, woodwork and decorative boarders. This damage should be repaired.

It is recommended that these identified areas 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. The registered manager explained that they were currently waiting for a number of carpets to be replaced.

Areas of the home was cluttered and untidy with inappropriate storage of equipment noted in several rooms and bedrooms. This was discussed with the registered manager who agreed to address the issues.

Is Care Effective? (Quality of Management)

A tour of the home was undertaken mid-morning. There was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and were comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately and in a timely manner.

Two patients in their bedrooms did not have the nurse call bell within reach. One patient commented that "sometimes they leave it out of reach". A relative commented that there was no nurse call available for their loved one when they were in bed; observations confirmed that there was no nurse call lead available at the patient's bed. This matter was brought to the attention of the registered manager who gave assurances that this would be addressed and discussed with staff. A requirement was made that patients must be provided with appropriate communication facilities to alert staff when they require assistance.

A dining room was located on each floor of home. The serving of lunch was observed in both. The following areas for improvement were identified:

- the tables in the dining room were not set prior to the serving of lunch and there were no condiments available to patients
- the menu reflected that a choice of meals was available, however only one dish was served at lunch
- the menu was not displayed in a meaningful manner for patients in either dining room. Patients spoken with reported that they did not know what the menu was prior to the food arriving
- the dining rooms were untidy with items inappropriately stored
- the décor in the dining rooms did not define the rooms as a dining area

It was recommended that the dining experience is reviewed to ensure that it is a positive experience for patients. This review should include the environment of the dining rooms

A review of the menu evidenced that one dish was served at lunchtime; alternatives were provided if requested by individual patients. The menu for evening tea included three choices; sausages, an omelette for those patients who required a softer option and lentil soup for those who required to have their meal pureed. Patients' choice was made on the consistency of the meal they required, not on individual preference. It is recommended that menu is reviewed to ensure that there is a meaningful choice for patients at each meal. This includes choice for those patients who require a modified diet.

Is Care Compassionate? (Quality of Care)

Discussion took place with five patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, staff response to nurse call bells and life in the home were positive. Patients did not raise any issues or concerns about care delivery in the home.

During discussion with a patient it was reported that a personal item was missing. We discussed the report with the registered manager who confirmed that an internal investigation had commenced to identify if the item was missing or had been placed somewhere for safe keeping during the patient's absence from the home. The patient's care manager had not been informed of the incident. This was addressed prior to the conclusion of the inspection. The registered manager was aware that if the whereabouts of the item could not be determined then RQIA must be notified of the potential theft.

Discussion took place with the registered manager regarding the security of patients rooms and safe keeping of their property when they were absent from the home, for example during hospital admissions. It was agreed that this would be reviewed by the registered manager and measures put in place.

One patients' representative spoken with raised concerns regarding equipment, mobility issues and the time their loved one was assisted to bed in evening. The relative believed that the issues had been raised with the registered manager by another family member. It was agreed that we would share their concerns with the registered manager and ask that she meet with the relatives to discuss the issues further. The registered manager readily agreed to meet with the relatives. There was no information recorded in the patient's care records regarding what time they preferred to retired to bed at. It is good practice to record patients' preferred rising and retiring times in care records. A clear rationale should also be recorded if patients are being assisted to rise or retire outside of their preferred choice. This was discussed with the registered manager.

5.4 Additional areas examined

5.4.1 Medications

Medicines were observed to be left with two patients in their bedrooms. One patient advised that the tablets were pain killers which they were “trying to do without”. The records of administration indicated that the medicines had been administered. Medicines must not be left unattended and registered nurses must only sign for the administration of medicines which they have actually administered. A requirement was made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bella Calip, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 18(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 3 March 2016</p>	<p>The registered person must ensure that patients are provided with appropriate communication facilities. Patients must have access to a nurse call bell to alert staff when they require assistance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: It has been re-enforced to all staff that all resident must be able to access the nurse call system at all times. Nurse Manager and nurse in charge will spot check this on an ongoing basis.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be Completed by: 3 March 2016</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>Response by Registered Person(s) Detailing the Actions Taken: All nurses to undergo supervise medicine round by home manager. It has been re-enforced to the nurses the correct NMC Guidelines with the administration of medicines must be adhered too at all times.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 39.4</p> <p>Stated: Second time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that training on communication, palliative and end of life care should be provided for all grades of staff appropriate to their roles and responsibilities.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Home manager is liaising with trust facilitators to ensure all staff attend relevant trainings. A palliative training is due on the 31st of May, 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 36.2</p> <p>Stated: Second time</p> <p>To be Completed by: 31 March 2016</p>	<p>Policies and procedures on the management of palliative and end of life care and death should be reviewed and, where necessary updated, to ensure they reflect the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes in December 2013.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Relevant policies are being reviewed and updated when necessary by Regional Manager.</p>

<p>Recommendation 3</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be Completed by: 3 March 2016</p>	<p>It is recommended that staff provide the registered manager with evidence of training undertaken outside of the home to ensure they have the necessary training to undertake roles outside of their main job description.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A number of staff are to undergo basic food hygiene training and documentation will be held on the home.</p>
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 3 March 2016</p>	<p>It is recommended that the duty rota reflects the capacity in which staff are working and the actual hours they are rostered to work.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The off duty has been re-designed to accurately indicate each members position and hours they are working.</p>
<p>Recommendation 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that records of the date of the meeting, the names of those attending and minutes of discussions with the agreed action are maintained.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Signature logs and minutes of the meeting will be maintained for all staff meetings.</p>
<p>Recommendation 6</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be Completed by: 17 March 2016</p>	<p>It is recommended that environmental issues as referenced in section 5.3 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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Home manager is liaising with Estates Manager for re-decoration of home environment. Some painting works has been done and on-going. The frames of the hoist -painted, borders on the wall removed and painted.</p>
<p>Recommendation 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be Completed by: 17 March 2016</p>	<p>It is recommended that the dining experience is reviewed to ensure that it is a positive experience for patients. This review should include the environment of the dining rooms</p> <p>Response by Registered Person(s) Detailing the Actions Taken: It has been re-inforced to all staff that the dining room is to be kept clean and tidy at all times to ensure appealing atmosphere for residents during mealtimes.</p>

Recommendation 8 Ref: Standard 12.13 Stated: First time To be Completed by: 17 March 2016	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Menu has been reviewed and revised by Home Manager and Cook. Residents are provided choices of food and desserts including residents who require a modified diet.		
Registered Manager Completing QIP	Bella Calip	Date Completed	30/03/2016
Registered Person Approving QIP	Chris Arnold	Date Approved	30/03/2016
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	5-04-16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address