



# Unannounced Care Inspection Report 11 September 2018



## Carryduff Nursing Home

**Type of Service: Nursing**

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

**Tel No: 028 90814 862**

**Inspector: Sharon Mc Knight and Linda Parkes**

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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

<b>Organisation/Registered Provider:</b> Carryduff Nursing Home  <b>Responsible Individuals:</b> Gerald William Beattie Edwin Samuel Johnston	<b>Registered Manager:</b> see box below
<b>Person in charge at the time of inspection:</b> Janine Curran	<b>Date manager registered:</b> No application received at the time of this inspection.
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 11 September 2018 from 09:30 to 17:20.

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 staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home, the dignity and privacy of patients, the culture and ethos of the home and the dignity and privacy of patients. Good practice was evidenced in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to the recording of the staff rota, secure storage of cleaning chemicals, repair to one shower room and the general decluttering of the shower/bathrooms. Areas for improvement were also identified with care plans for the management of HCAs and frequency with which settings on pressure mattresses are checked.

Patients stated they were happy with the care they were receiving. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
<b>Total number of areas for improvement</b>	<b>1</b>	<b>3</b>

Details of the Quality Improvement Plan (QIP) were discussed with Janine Curran, manager and Linda Graham, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 26 July 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 26 July 2018. 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 seven patients, three patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspectors provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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 all staff from 2 to 15 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 July 2018.**

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

This QIP will be validated by the finance inspector at the next finance inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 22 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41.2  <b>Stated:</b> First time	The registered person shall that there are adequate staff available to ensure that patients' needs are met in a timely manner.	<b>Met</b>
	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.  <b>Action taken as confirmed during the inspection:</b> Following the previous inspection confirmation was received by RQIA that the provision of care assistants was increased. This increase has been maintained. Staff, patients and relatives spoken with were satisfied that there was sufficient staff to meet the needs of the patients in a timely manner. 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 and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 2 and 9 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. The rota for nursing and care staff was not always updated to reflect where staff had changed their hours to cover shortages. The names of staff supplied by nursing agencies were not always included on the rota. Duty rotas should be accurately maintained to reflect the full name of staff and the actual hours worked; this was identified as an area for improvement under the standards.

The home is using agency staff due to vacancies; assurances were provided that recruitment was ongoing and in the interim the manager was attempting to block book staff to ensure consistency and continuity of care. A profile containing confirmation of the AccessNI check, registration with the NMC or NISCC and training was held in the home for each agency nurse. A review of records evidenced that agency staff received a structured orientation and induction to the home at the commencement of their first shift in the home. One member of agency staff spoken with confirmed that they had received an induction on their first shift and that the induction was meaningful.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

We spoke with the relatives of three patients during the inspection; all were complimentary regarding staff and the care delivered. Two questionnaires were received following the inspection; both respondents were very satisfied with the staffing arrangements.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an electronic learning programme. Records evidenced good compliance with mandatory training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed a sample of accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls. Records evidenced that appropriate risk assessments and best interest decisions had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Infection prevention and control practices were adhered to. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. Systems were in place for the management of healthcare associated infections (HCAI).

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout. Cleaning chemicals were observed accessible to patients in one toilet; they were not stored securely. This was identified as an area for improvement. In accordance with good infection prevention and control the seal around the plughole in the identified shower room should be repaired and bathrooms and showrooms should be generally decluttered. This was identified as an area for improvement under the standards.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control practises.

### Areas for improvement

The following areas were identified for improvement in relation to the recording of the staff rota, secure storage of cleaning chemicals, repair to one shower room and the general decluttering of the shower/bathrooms.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>1</b>	<b>2</b>

#### 6.5 Is care effective?

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

We reviewed the management of nutrition, patients' weight, management of falls, HCAI and wound care. Review of four patient care records evidenced that, with the exception of HCAI, care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements in each of the areas reviewed. As previously discussed systems were in place for the management of healthcare associated infections and staff were knowledgeable of patient need. However there was no care plan in place to direct the care required in regard to HCAI's; this was identified as an area for improvement under the standards.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for two patients; both had been referred to the dietician in the local health social care trust. Nutritional risk assessments were completed monthly; care plans for nutritional management was in place. Food and fluid intake charts were maintained daily and evidenced that both patients were receiving a varied diet. Staff confirmed that both patients were receiving fortified diets including full cream milk, additional cream and sugar, where appropriate and high calorie snacks; food fortification was not reflected in the food intake records. This was discussed with the manager who agreed to review how food fortification could best be evidenced.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were evaluated following falls.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and the prescribed dressing regime. A review of care records for the period 22 August to 10 September 2018 evidenced that dressings were renewed in accordance with the prescribed care. Repositioning charts for these two patients consistently evidenced that they were assisted to change their position for pressure relief in accordance with their care plans. Both patients were nursed on pressure relieving mattresses and the required pressure setting was included in the patients' care plans. We observed one mattress was not at the correct setting. Discussion with the manager and a review of records evidenced that systems to check mattress settings were in place. The frequency that settings on pressure mattresses are checked should be increased to ensure mattresses are maintained at the correct setting. This was identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff.

### **Areas for improvement**

The following areas were identified for improvement in relation to care plans for the management of HCAIs and frequency that settings on pressure mattresses are checked.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>

## 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.**

When we arrived in the home we were greeted by staff who were helpful and attentive. Patients were either in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were present in the dining room throughout the meal and were observed assisting patients with their meal as required. Patients able to communicate indicated that they enjoyed their meal.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Your care and kindness to ...was very much appreciated, God bless you all."

"Thank you to all the staff for the wonderful respite care ... received." October 2017

"I would like to thank you all for the TLC you gave to ... You are like one big family so caring and attentive."

Ten relative questionnaires were provided; two were returned within the timescale. Both of the relatives responded that they were very satisfied or satisfied with the care provided across the four domains. No additional comments were provided. Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### 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 dignity and privacy of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

### 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. The manager confirmed her intention to register as the manager with RQIA. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and staff.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service did not collect any equality data on service users and the manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, complaints and care records. In addition systems were also in place to provide the manager with an overview of the management of infections, wounds and patients' weight.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janine Curran, manager and Linda Graham, regional 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 14(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of inspection.</p>	<p>The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>Cleaning chemicals must be stored securely in accordance with COSHH regulations.</p> <p>Ref: section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person in charge of the home will ensure that unnecessary risks to Health and Safety of all residents is as far as possible eliminated by ensuring chemicals are stored securely in accordance with Coshh regulations. This will be reinforced with all staff during mandatory COSHH training and there will be ongoing monitoring of this in the home.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>The registered person shall ensure that duty rotas are accurately maintained to reflect the full name of staff and the actual hours worked.</p> <p>Ref: section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person who oversees the duty rota's will ensure at all times it is accurate and will reflect the full name of staff and the actual hours worked.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection.</p> <p>The seal around the plughole in the identified shower room should be repaired and bathrooms and showrooms should be generally decluttered.</p> <p>Ref: section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure that the environment is addressed to minimise the risk of infection. The seal around the plughole in the identified shower room has been repaired and bathrooms and shower rooms have been decluttered.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>The registered person shall ensure that care plans are in place to direct the care required for patients with a healthcare associated infection.</p> <p>Ref: section 6.5</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> The registered person has communicated to all nursing staff the importance of ensuring all residents with a healthcare associated infection has a care plan in place. The identified resident on the day of inspection has had a care plan put in place. The registered person will ensure anyone who is diagnosed with any healthcare associated infections that their file are audited to ensure all have care plans in place.</p> <p>The registered person shall ensure that the frequency that settings on pressure mattresses are checked is increased to ensure mattresses are maintained at the correct setting.</p> <p>Ref: section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has developed a checklist of mattress settings to ensure that the correct settings are maintained on pressure relieving mattresses. Staff have received education on the settings of the mattresses in use in the home.</p>

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



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