



Unannounced Care Inspection Report 7 January 2019



County Care Home

Type of Service: Nursing Home (NH)
Address: 42 Tempo Road, Enniskillen, BT74 6HR
Tel No: 028 6632 3845
Inspector: Sharon McKnight

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 52 persons.

3.0 Service details

Organisation/Registered Provider: EBAY Ltd Responsible Individual: Patrick Anthony McAvoy	Registered Manager: See below
Person in charge at the time of inspection: Flor Antonia, Nurse in charge	Date manager registered: Caroline McCrea – application to be received
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 52 A maximum of 21 patients in category NH-DE. The home is also approved to provide care on a day basis to 5 persons. There shall be a maximum of 5 named residents receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-PH.

4.0 Inspection summary

An unannounced inspection took place on 7 January 2019 from 10:30 to 16:10.

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 term 'patient' is used to describe those living in County Care Home which provides nursing care and currently residential care for three named patients.

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, manual handling, staff communication with patients and the cleanliness of the environment. There were examples of good practice found throughout the inspection in relation to the admission process, wound care, record keeping and the communication of patient needs between staff. Good practice was evident in relation to the culture and ethos of the home, patient dignity and privacy and mealtimes. There were further examples of good practice in relation to management of complaints and incidents and maintaining good working relationships.

One area for improvement was identified in relation to ensuring that where patients are assessed as requiring a hoist, the type and size of hoist sling should be identified in the care records.

Patients said they were happy living in the home. 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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Loane, operations 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 2 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 2 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 12 patients and with others in small groups and nine staff. Questionnaires were provided 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 inspector 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.

The following records were examined during the inspection:

- duty rota for all staff from 31 December 2018 – 13 January 2019
- staff training records for manual handling
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- a sample of governance audits
- complaints record
- 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 2 July 2019.

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 2 July 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 13(1) Stated: First time	The registered person shall review the use of keypad locks in the identified unit to ensure that the movement of those patients who mobilised independently or with the assistance of an electric wheelchair is not restricted.	Met
	Action taken as confirmed during the inspection: Discussion with the operations manager and a review of the environment evidenced that the keypads in the ground floor corridor and the door leading to the entrance hall have been removed. A keypad remains on the front door as a security measure. The combination to the keypad was readily available in the home for patients and relatives. This area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that linen is stored appropriately and in keeping with good infection prevention and control practice.	Met
	Action taken as confirmed during the inspection: The linen store was observed to be well organised with the linen stored appropriately and in accordance with good infection prevention and control practice. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the frequency with which dressings are required to be changed is clearly recorded.	Met
	Action taken as confirmed during the inspection: A review of two patients wound care records evidenced that the frequency with which dressings were required to be changed was clearly recorded. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that entries in food and fluid charts are accurately dated.	Met
	Action taken as confirmed during the inspection: A review of three patients' food and fluid charts for a period of five weeks evidenced that entries were accurately dated. This area for improvement has been met.	
Area for improvement 4 Ref: Standard 12.20 Stated: First time	The registered person shall ensure that the mealtime routine in the dementia unit is reviewed to ensure that patients are enabled to have their meals served in the dining room unless they indicate otherwise.	Met
	Action taken as confirmed during the inspection: We observed the serving of lunch in the dementia unit. Staff explained that lunch was now served over two sittings to ensure that all of the patients who wished to have their meal in the dining room were supported to do so. There was a calm atmosphere throughout the serving of lunch which was well organised. This area for improvement has been met.	

Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that the auditing process should be further developed to ensure that any areas which are non-compliant are re-audited to check compliance to drive service improvement.	Met
	Action taken as confirmed during the inspection: A review of the records of audit evidenced that 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 operations manager confirmed the planned daily staffing levels for the home and explained that staffing levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from the period 31 December 2018 – 13 January 2019 evidenced that the planned staffing levels were adhered to. Staff confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. The rotas evidenced that the provision of registered nurses had recently been increased in response to service need.

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 advised that there were sufficient staff to meet the needs of the patients. Questionnaires were provided for relatives, patients and staff; none were received within the timescale for inclusion in this report. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

We reviewed the provision of manual handling training. The manager maintained a training matrix which provided an overview of staff attendance. A manual handling update is provided annually for all staff; training records evidenced good compliance with manual handling training. A training session has been arranged for 14 January 2019 for staff who were due an annual update. We observed manual handling procedures by staff assisting patients to move from chair to wheelchair via a hoist, assisting patients to stand and supporting patients when walking. Procedures observed were completed in accordance with best practice. There was good communication by staff with patients, especially in the dementia unit, where staff provided good explanation of what was going to happen prior to the patients being moved. A review of three patients care records evidenced that a manual handling assessment was completed at the time of admission to the home and reviewed regularly. The assessments clearly identified the patients' level of mobility and any equipment they required. Where patients are assessed as requiring a hoist, the type and size of hoist sling should be recorded; this was identified as an area for improvement.

We reviewed accidents/incidents records completed 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm, clean and fresh smelling. We discussed the décor in the dementia unit and the need for refurbishment. The operations manager confirmed that meetings have been ongoing since the previous inspection with regard to future plans for the unit. The operations manager explained that a final decision was due to be made by April 2019; applications will be submitted to RQIA, as required, at that time. The need to ensure the current environment is maintained to an acceptable level of décor during any major environmental work was discussed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, manual handling, staff communication with patients and the cleanliness of the environment.

Areas for improvement

One area for improvement was identified in relation to ensuring that where patients are assessed as requiring a hoist, the type and size of hoist sling should be identified in the care records.

	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.

We reviewed three patients' care records with regard to the admission process, management of wound care and the day to day maintenance of care records.

A review of two care records evidenced that a comprehensive, holistic assessment of patients' nursing needs and a range of risk assessments were commenced at the time of admission to the home. Initial plans of care were generated within 24 hours of admission.

We reviewed the management of wound care for two patients. An assessment of the wound was recorded after each dressing change. A review of wound care records evidenced that the wounds were dressed in accordance with the prescribed regimes.

A review of care records evidenced that 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 and a daily record was maintained to evidence the delivery of care. Interventions prescribed were individualised and care records were reviewed regularly. As previously discussed where patients are assessed as requiring a hoist, the type and size of hoist sling should be identified in the care records.

Staff confirmed that there continued to be 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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified with the delivery of effective care.

	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.

We arrived in the home at 10:30 and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be caring and timely. Patients were afforded choice, privacy, dignity and respect.

As previously discussed we observed the serving of the lunchtime meal in the dementia unit. Staff were observed assisting patients with their meal appropriately and in a timely manner. Patients able to communicate indicated that they enjoyed their meal. Meals were transported from the kitchen in a heated trolley where they remained until they were served. We spoke at length with the chef who was knowledgeable of patients’ likes and dislikes regarding food and drinks, including those patients who required a modified diet.

We spoke with 12 individually who all commented positively regarding the care they received and the caring attitude of staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. All of the patients spoke highly of the staff. The following are examples of comments provided by patients:

- “I’m very happy here.”
- “They couldn’t do anymore for you.”
- “The staff do a great job.”

As previously discussed questionnaires were provided for relatives; no completed questionnaires were received prior to the issue of this report.

We spoke with nine members of staff. Staff stated they were happy working in the home and were of the opinion that care was delivered to a high standard. A poster was displayed for staff inviting them to provide feedback to RQIA on-line; we had no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires received after this report is issued will be 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, patient dignity and privacy and mealtimes.

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.

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.

The manager was on planned leave on the day of the inspection. The operations manager was available in the home throughout the inspection. We discussed the management arrangements with the operations manager who confirmed that the manager's application to register with RQIA was in the process of being completed. 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 enabled them to have contact with her as required. Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

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. Any expression of dissatisfaction was included in the complaints record; this is good practice and was commended by the inspector. Records included a monthly trend analysis to identify any reoccurring issues or themes in the nature of the complaints being made; this is good practice.

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

A 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and 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 Sharon Loane, operations 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 4 February 2018</p>	<p>The registered person shall ensure that where patients are assessed as requiring a hoist, the type and size of hoist sling should be identified in the care records.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Memo provided to all registered nurses advising if a resident is assessed as requiring the use of a hoist all documentation in relation to moving and handling should include the type and size of sling required. This will be monitored during the completion of care plan audits.</p>

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



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