



Unannounced Care Inspection Report 2 July 2018



County Care Home

Type of Service: Nursing Home (NH)
Address: 42 Tempo Road, Enniskillen, BT74 6HR
Tel No: 02866323845
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. Residential care was currently being provided for six identified patients.

3.0 Service details

Organisation/Registered Provider: EBAY Ltd Responsible Individual(s): Patrick Anthony McAvoy	Registered Manager: See below
Person in charge at the time of inspection: Caroline McCrea	Date manager registered: Caroline McCrea - acting – no application required
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 2 July 2018 from 09:30 to 16:30 hours.

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 both nursing and residential care.

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 and development, adult safeguarding, risk management and the home's environment. There were examples of good practice found throughout the inspection in relation to the assessment of patient need and the creation of care plans, the management of nutrition and falls and the communication of patient needs between staff. Good practice was observed in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing patients. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to the use of keypad locks, the storage of clean linen, care records, the dining experience in the dementia unit and the auditing process.

Patients commented positively regarding their care. Those 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	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Caroline McCrea, manager and 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 20 December 2017.

The most recent inspection of the home was an announced variation to registration care inspection undertaken on 20 December 2018. No areas for improvement were identified as a result of this inspection. Due to the focus of this inspection the areas for improvement from the last care inspection on 28 June 2017 were not reviewed and were carried forward to the next care inspection. 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 individually and with others in small groups, ten staff and four patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Two were completed and returned during the inspection and two were returned by post following the inspection. A poster was provided which directed staff to complete an online survey; this enabled staff not on duty during the inspection to

provide feedback to RQIA. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow patients, relatives and families, 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 staff weeks commencing 25 June and 2 July 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.

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 20 December 2017.

The most recent inspection of the home was an announced variation to registration care inspection. No areas for improvement were identified as a result of this inspection. This inspection focused solely on the variation to registration application. The areas for improvement from the last care inspection on 28 June 2017 were not reviewed and were carried forward to the next care inspection. This QIP will be validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Criteria 4 Stated: Second time	The registered person should provide training for staff in relation to their roles and responsibilities in the following identified areas: <ul style="list-style-type: none"> • the management of wounds and pressure care • the management of nutrition and weight loss • the management of restraint and restrictive practices • the nursing process including record keeping. All of the training provided should reference the documentation to be completed as outlined in relevant best practice guidance.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that repositioning records are maintained in accordance with best practice guidelines to assure the delivery of care in this area of practice.	Met
	Action taken as confirmed during the inspection: A review of repositioning charts for two patients 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 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 25 June and 2 July 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.

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. Patients spoken with stated that they felt well looked after that staff were available when they needed them.

We spoke with six relatives who all commented positively with regard to the caring attitude of staff; no concerns were raised regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Four questionnaires were returned and all of the relatives indicated that they were satisfied with the staffing arrangements.

Staff recruitment information was available for inspection and two staff records reviewed identified that recruitment processes were in keeping with legislative requirements. Records 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. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with the registered manager and 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. Records evidenced good compliance with mandatory training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

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 they were currently working with the operations manager to implement systems to collate the information required for the annual adult safeguarding position report. Progress with this will be reviewed at a future inspection.

Review of three 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 accidents/incidents recorded in the home 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 had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats. We observed that the two doors in the general nursing unit, adjacent to the stairwell to the dementia unit, were secured with a keypad lock; this had the potential to restrict the movement of those patients who mobilised independently or with the assistance of an electric wheelchair. The manager provided a clear rationale why the doors were secured in this manner and we observed that care plans were in place which recognised the potential for restrictive practice. However given the home's registered categories of care in this unit it is required that the use of keypad locks is reviewed; this was identified as an area for improvement under regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. We discussed the décor in the dementia unit and the need for refurbishment. The operations manager confirmed that a meeting was arranged for 5 July 2018 with the company directors to agree a refurbishment plan for the dementia unit. It was agreed that following this meeting RQIA would be informed of the outcome.

Fire exits and corridors were observed to be clear of clutter and obstruction. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. One linen store was very untidy with clean linen stored on the floor; linen should be stored appropriately and in keeping with good infection prevention and control practice. This was identified as 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 and development, adult safeguarding, risk management and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to the use of keypad locks and the storage of clean linen.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

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 one patient. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained and evidence the patient's daily intake.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place; a post falls review was completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and the prescribed dressing regime. In one record the current frequency with which the dressing were required to be changed was not clearly recorded. This was identified as an area for improvement under the standards. A review of care records evidenced that dressings were renewed regularly and, where the frequency was identified, in accordance with the prescribed care. As previously discussed repositioning charts for two patients were reviewed and evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Supplementary care charts such as food and fluid intake records and repositioning charts were maintained in weekly booklets. The date the booklets commenced was recorded on the front page which evidenced the four week period the records were pertaining to; however in one food and fluid chart reviewed there was no dates recorded to evidence the daily date charts were completed. 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), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

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 registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patient need and the creation of care plans, the management of nutrition and falls and the communication of patient needs between staff.

Areas for improvement

Two areas for improvement under the standards were identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	2

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 09:30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining rooms or 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 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 compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We observed the serving of the lunchtime meal in the dining room of the dementia unit. There were three dining tables which provided table space for 12 patients; space was limited in the dining room due to the number of specialised chairs and wheelchairs. Some patients, who were independent with meals, were provided with a bed side table in the dining room; some patients had to have their meal served in the lounge due to the limited space in the dining room. This was discussed with the operations manager and a company director who explained that plans to create more space in the dementia unit were being considered. In the interim, while plans are being considered, mealtime routines in the dementia unit should be reviewed to ensure that patients are enabled to have their meals served in the dining room unless they indicate otherwise. Staff were observed assisting patients with their meal appropriately and in a timely manner. The serving of lunch was well organised and calm. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks.

All patients spoken with 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.

We spoke with six relatives all of whom were satisfied with the standard of care, communication with staff and spoke highly of the care. All of the relatives commented positively regarding the care their loved ones were receiving. The following comments were received:

- “This is a caring home, not a care home.”
- “Everyone is very good; they can’t do enough for you.”
- “They are all great.”

Relative questionnaires were also provided. As previously discussed two were completed and returned during the inspection and two were returned by post following the inspection. All of the relatives responded that they were very satisfied or satisfied with the care provided across the four domains. These are examples of the additional comments provided:

- “Happy with ... care and if we ever have to mention something it’s always sorted out promptly.”
- “Good home, great staff.”
- “We as a family can’t think of anything that has been neglected.”

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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, dignity and privacy and listening to and valuing patients.

Areas for improvement

One area was identified for improvement in relation to the dining experience in the dementia unit.

	Regulations	Standards
Total number of areas for improvement	0	1

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 was being supported in their day to day role by the operations manager. 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, patients and relatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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 registered manager explained that diversity and equality of patients was supported by staff and training would be provided to staff to support patients, as required.

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.

A review of records evidenced that the manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, catheter and wound care and analysis of patients' weights. The auditing process should be further developed to ensure that any areas which are non-compliance are re-audited to check compliance to drive service improvement.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of 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, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified to the auditing process in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13(1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The home are actively reviewing the use of keypad locks within the general nursing unit, in accordance with best practice and legislative frameworks. Members of the multi-disciplinary team are being engaged in this process to ensure the health and welfare of all patients.</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>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that linen is stored appropriately and in keeping with good infection prevention and control practice.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The linen room has been re-organised and linen is now stored appropriately in keeping with good infection prevention and control practice.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that the frequency with which dressings are required to be changed is clearly recorded.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: All wounds have been reviewed and frequency of dressings are now clearly recorded within the care plan. Wound care audits are being undertaken to ensure compliance with this area of improvement.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that entries in food and fluid charts are accurately dated.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Since last inspection supervisions have been undertaken in relation</p>

30 July 2018	to record keeping. Systems now have been implemented to ensure charts are maintained in accordance with best practice.
--------------	------------------------------------------------------------------------------------------------------------------------

<p>Area for improvement 4</p> <p>Ref: Standard 12.20</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>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.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The mealtime routine has been reviewed and there are now two settings at mealtimes to enable all residents to attend the dining room if they wish.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that the auditing process should be further developed to ensure that any areas which are non-compliance are re-audited to check compliance to drive service improvement.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The auditing processes have been further developed. Action plans are developed for any areas of improvement identified and arrangements are in place to re-check to ensure necessary improvements. This information is now shared with relevant persons for lessons learned.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care