

Unannounced Care Inspection Report 20 February 2017



County

Type of Service: Nursing Home
Address: 42 Tempo Road, Enniskillen, BT74 6HR
Tel no: 028 6632 3845
Inspector: Sharon Loane

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of the County commenced on 20 February 2017 at 19.30 and finished at 01.30 on 21 February.

This inspection was carried out to follow up on information received by RQIA.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5*	7*

Details of the Quality Improvement Plan (QIP) within this report were discussed with Tanya Taylor-Smith, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

The total number above includes one requirement which has been stated for the second time and three recommendations which have been carried forward from the last inspection.

As a result of this inspection, RQIA were concerned that the quality of care and services within the County was below the minimum standard expected. As a consequence of the inspection findings a decision was taken to hold a serious concerns meeting with the registered manager and representatives of the registered provider. The inspection findings were communicated in a correspondence to the registered person, Dr Maureen Claire Royston, and the serious concerns meeting took place in RQIA on 28 February 2017.

The registered person, Dr Maureen Claire Royston, was unable to attend the meeting and nominated Mike Reilly, Risk Management Director, to attend on her behalf. Patricia Greatbanks, Resident Experience Regional Manager, Ruth Burrows, Regional Manager, and Tanya Taylor Smith, Registered Manager, also attended the meeting.

During the meeting, management representatives acknowledged the failings identified and submitted a detailed and comprehensive action plan to address the identified concerns. RQIA were satisfied with the action plan and assurances provided. A further inspection will be undertaken to validate compliance and drive necessary improvements.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 2 February 2017.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Claire Royston	Registered manager: Ms Tanya Taylor-Smith
Person in charge of the home at the time of inspection: Tanya Taylor Smith	Date manager registered: 15 April 2016
Categories of care: RC-I, NH-DE, NH-I, NH-PH A maximum of 22 patients in category NH-DE and maximum of 6 residents in category RC-I. The home is also approved to provide care on a day basis to 5 persons	Number of registered places: 58

3.0 Methods/processes

Information was received by RQIA January 2017 which raised concerns in relation to the homes' staffing arrangements on night duty.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate actions is required; this may include an inspection of the home. Following discussion with senior management at RQIA, it was agreed that an inspection would be undertaken to review the following areas:

- the staffing levels and arrangements

Prior to the inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since April 2016

The following methods and processes used in this inspection include the following:

- a discussion with the registered manager
- discussion with staff
- observation of care practices and care delivery
- a review sample of staff duty rotas
- induction records for agency staff
- a review of care records
- monthly monitoring reports for December 2016 & January 2017 maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

The inspector observed the majority of patients some of who were resting in bed and /or seated in the day lounges. All registered nurses on duty were spoken with and a sample of care staff from both day and night duty shifts.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 2 February 2017

The most recent inspection of the home was an announced estates inspection. The completed QIP was not required to be returned at time of writing this report. However when received the QIP will be reviewed by the estates inspector and validated by the inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 April 2016

This QIP was not validated fully at this inspection due to the focus of this inspection and a number of items have been carried forward for validation at the next care inspection.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12 (1) Stated: First time	<p>The registered person must review the current staffing arrangements with particular reference to the general nursing unit to ensure that safe and effective care is being delivered.</p> <p>Action taken as confirmed during the inspection: Discussion with staff, patients and their representatives and observations made at the time of inspection evidenced that this requirement was not met. Please refer to the main body of the report for additional information.</p> <p>This requirement has been stated for a second time.</p>	Not Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4 Criteria (7) Stated: First time	<p>The registered person should ensure that care plans are reviewed and updated to accurately reflect the identified needs and care interventions required. Care plans should be archived when no longer relevant to the needs of the patient.</p> <p>Action taken as confirmed during the inspection: A review of three care records evidenced that this recommendation had been met.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered person should ensure that the negative comments and/or concerns raised by patients during the inspection process are recorded as complaints and are appropriately recorded, investigated, and actioned as required.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This requirement was not examined at this inspection and will be carried forward until the next care inspection.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 12 Criteria 11</p> <p>Stated: First time</p>	<p>The registered person should ensure that adequate numbers of staff are present when meals are served to ensure risks when patients are eating and drinking are managed; and required assistance is provided.</p>	<p>To be validated at the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>This requirement was not examined at this inspection and will be carried forward until the next care inspection.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly.</p>	<p>To be validated at the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>This requirement was not examined at this inspection and will be carried forward until the next care inspection.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 35 Criteria 16</p> <p>Stated: First time</p>	<p>The registered person should make available a copy of the monthly quality monitoring report to patients, patient representatives, staff and stakeholders.</p>	<p>To be validated at the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>This requirement was not examined at this inspection and will be carried forward until the next care inspection.</p>		

4.3 Inspection findings

4.3.1 Staffing arrangements

As previously discussed, the inspection was undertaken in response to information received by RQIA relating to potential staffing insufficiencies. Concerns in regards to staffing arrangements were identified at a previous care inspection undertaken on 21 April 2016. A requirement was made and assurances had been provided by Four Seasons Healthcare, that staffing would be reviewed and scheduled in accordance with patient's needs.

At this inspection, concerns were also identified in regards to the staffing arrangements for the home which impacted on the delivery of safe, effective and compassionate care.

At the time of the inspection, a review of duty rotas and discussion with staff, patients, relatives and the registered manager, evidenced that planned staffing levels were not consistently adhered to, with deficits identified on both day and night duty shifts. Responses received in questionnaires returned by patients, relatives and staff also raised concerns about staffing arrangements and the potential impact on care delivery.

Observations made at the time of inspection evidenced that the numbers, skill mix and deployment of staff on duty were not sufficient to provide safe, effective and compassionate care. Staff were observed working under pressure in the general nursing unit to complete care duties and attend to patients' needs and requests. A number of patients were observed to be still sitting in armchairs asleep at 23.30 hours. Another patient identified as being high risk of falls was observed unsettled in the lounge and was constantly trying to rise from their armchair. This patient was reported as being monitored by two other patients who were fearful in case she might fall.

A high number of patients in the nursing dementia unit were observed in bed at 21.15 hours. This practice was reported by staff and relatives as unusual. The home was unable to obtain cover for a twilight shift, and as a result two care staff from day duty worked an extra hour to 21.00 hours. It was apparent from observations made that patients were assisted to bed at this time as a result of the staffing arrangements in place. A requirement has been made.

Although contingency arrangements for staffing with the use of agency staff were established, concerns are identified in respect of the implementation of these measures. The time from point of authorisation to seek agency staff, to the actual deployment of the agency member was noted to be very short. This therefore impacted on the availability of agency staff and also challenged the consistency of staff available. This has been incorporated in the requirement made in relation to staffing levels and staffing arrangements.

Further concerns are raised in respect of the staff duty rota which, failed to accurately reflect hours worked by staff. This deficit also included the hours worked by the registered manager covering registered nursing shifts. An agency nurse who had worked on day duty on the day of the inspection, as the registered nurse in charge of the home, was also not recorded on the staff duty rota. The duty rota was also difficult to understand due to poor recording and was not maintained in accordance with professional guidelines and DHSSPS Care Standards for Nursing Homes, April 2015. A recommendation has been made.

Concerns were also raised in respect of the management of induction of agency staff as records requested by the inspector were either not completed or unavailable. A recommendation has been made.

4.3.2 Quality of care delivery, care practices and care records

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

There was evidence that the care planning process included input from patients and or their representatives, if appropriate. There was also evidence of communication between the home and patient representatives regarding any changes in the patient's condition.

Shortfalls were identified in relation to treatment and care delivered in regards to wound care and/or pressure care management. A review of records pertaining to wound management for two identified patients evidenced that the dressings were not carried out in accordance with the prescribed frequency and on two occasions there was no evidence available to validate that the dressings had been changed for up to and including seven days. This was very concerning given that the treatment plan advised that the dressing(s) were to be renewed on alternate days. In addition there were inconsistencies in regards to the recording of information. These concerns were discussed with the registered manager as the identified shortfalls could have a direct impact on the delivery of safe and effective care. A requirement has been made.

A review of supplementary care records for dietary/fluid intake evidenced that records in the majority were maintained in accordance with best practice guidance, care standards and legislative requirements. However, at the time of inspection food and fluid intake charts were not completed contemporaneously in relation to the "evening supper." A recommendation has been made.

Observations made at the time of inspection identified that two key padded doors in the nursing dementia unit were "open." This matter was brought to the attention of the registered manager who was unable to provide an explanation for this practice. A further discussion identified that a completed risk assessment indicated that the doors should be secure at all times to ensure patients safety. This practice posed potential risks to patients accommodated due to the category of care provided within this unit. A requirement has been made.

4.3.3 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. Some areas of the home observed were untidy and the standard of cleanliness required improvement. A number of environmental issues identified at the previous care inspection had not been actioned contrary to the action plan shared at the time of inspection. These matters have been addressed in a recent estates inspection undertaken 2 February 2017. A recommendation has been made in regards to the standard of cleanliness and the tidiness of the homes environment.

Although infection prevention and control measures were generally adhered to, a number of disposable glove boxes, rolls of aprons and other items were observed in bathrooms. A care assistant was observed carrying a soiled continence pad and patient clothing without wearing personal protective clothing. Due to the potential risks of cross infection to both patients and staff, a requirement has been made.

4.3.4 Consultation with patients, relatives and staff

During the inspection, we met with five patients individually and the majority of others were observed either sitting in the lounges and/or their beds. Ten care staff (including two agency), two registered nurses (including one agency), and two patients' representatives were also consulted.

The majority of staff consulted with commented negatively in relation to staffing levels and shortages, high use of agency and poor communication.

Patients spoken with advised that the home were using high numbers of agency staff and that this did impact on them "receiving the right care at the right time." Furthermore, they advised that they had to direct agency staff in "where to finds things and how to care for them."

We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. Four patients' questionnaires were returned and indicated that they were either 'very satisfied' and/or 'satisfied' that care was safe, effective and compassionate and the service was 'well-led.' Some additional comments received were negative regarding the staffing and management arrangements in the home. Three staff and four relatives also returned their questionnaires, within the timeframe for inclusion in this report.

Relatives: Two of the three respondents indicated that they were either 'very unsatisfied' or 'unsatisfied' that the care was safe, effective and compassionate; and that the home was not well-led. Detailed written comments were included identifying shortfalls in care delivery as a result of inadequate staffing levels, shortages and management arrangements.

Staff: The three questionnaires returned by staff identified similar shortfalls as outlined by both patients and their representatives.

The shortfalls identified in relation to staffing arrangements were discussed at the serious concerns meeting held at RQIA. Assurances were provided by Four Seasons Healthcare that these shortfalls were being addressed and a further inspection will be undertaken to ensure that the necessary improvements have been made.

In relation to the negative comments received in relation to the management arrangements within the home, these have been referred to the responsible person, for action under separate cover.

Number of requirements	4	Number of recommendations	4
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered person must review the current staffing arrangements with particular reference to the general nursing unit to ensure that safe and effective care is being delivered.</p> <p>Ref: Section 4.2, 4.3.1& 4.3.2.</p>
	<p>Response by registered provider detailing the actions taken: A full review has taken place with particular reference to the General Unit in relation to the current staffing arrangements and working practice within the unit. Actions have been put into practice to ensure that safe and effective care is being delivered by the correct skill and number of staff.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered person must ensure that the provision and deployment of staffing in the home is reviewed to ensure that there is adequate staff on duty to meet the needs of the patients.</p> <p>Records of the necessary action taken to address staff shortages should also be maintained.</p> <p>Ref: Section 4.3.1 & 4.3.2</p>
	<p>Response by registered provider detailing the actions taken: The Duty Rota's are now made out 6 weeks in advance with Home Manager/Designated Deputy review taking place on a daily basis. All shifts that are required to be covered are put out initially to home staff and then to agency if required. There is documentation maintained with the Duty Rota which details what action has been taken if member of staff phones in sick</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered person must ensure that the treatment and care provided to each patient meets their identified assessed needs and reflects their plan of care in relation to the management of pressure damage and/or wounds. This should include the completion of all documentation pertaining to this area of practice.</p> <p>Ref: Section 4.3.2</p>
	<p>Response by registered provider detailing the actions taken: Audits have been carried out on all wound care plans to ensure that the staff are using the correct paperwork and that dressing changes are completed as directed. The Home Manager has also discussed this with nurses through supervision. The completion of wound care documentation will be monitored through the auditing process and by the Regional Manager on monthly visits to the home.</p>

<p>Requirement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered person must ensure that the entrance doors to the nursing dementia unit are secured to prevent patients being placed at risk of harm.</p> <p>Ref: Section 4.3.2</p>
<p>Requirement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered person must make suitable arrangements to minimise the risk of infection and the spread of infection between patients and staff.</p> <p>Ref: Section 4.3.3</p> <p>Response by registered provider detailing the actions taken: Staff have been reminded in the importance of ensuring these doors are secured at all times. Notices have also been put in place. Spot checks will be completed to monitor compliance.</p> <p>Response by registered provider detailing the actions taken: Supervision with staff has taken place and recorded re ensuring PPE's and safe practice of infection control are in place.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 12 Criteria 11</p> <p>Stated: First time</p> <p>Carried forward until the next inspection</p>	<p>The registered person should ensure that adequate numbers of staff are present when meals are served to ensure risks when patients are eating and drinking are managed; and required assistance is provided.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: Working practices have been reviewed within the home to ensure that in both units staff are allocated to where they are working during meal times i.e. in dining room, main lounge and bedrooms to ensure that all residents are adequately supervised.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>Carried forward until the next inspection</p>	<p>The registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: The Dining Experience Audit has been carried out and feedback given. A review of the working practice has been carried out and implementation of allocation of staff has been completed and on going. This will be monitored through the audit process.</p>

<p>Recommendation 3</p> <p>Ref: Standard 35 Criteria 16</p> <p>Stated: First time</p> <p>Carried forward until the next inspection</p>	<p>The registered person should make available a copy of the monthly quality monitoring report to patients, patient representatives, staff and stakeholders.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Notices are available throughout the home to inform everyone that the Monthly Quality Monitoring report is available to view if required.</p>
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered person should ensure that the staff duty record is maintained in accordance with Care Standards for Nursing Homes, DHSSP's 2015.</p> <p>Ref: Section 4.3.1</p> <hr/> <p>Response by registered provider detailing the actions taken: A new staff duty rota format has been put in place which is clear and easy to read. This rota clearly highlights what staff are currently on shift and who is in charge of the home.</p>
<p>Recommendation 5</p> <p>Ref: Standard 39 Criteria 1</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered person should ensure that all staff who are newly appointed and agency staff complete an induction and records are retained for inspection.</p> <p>Ref: Section 4.3.1</p> <hr/> <p>Response by registered provider detailing the actions taken: All new staff employed have commenced inductions. Once these have been completed they are given to the Home Manager to sign off and file away. Agency inductions are left with the nurse in charge to complete when the agency member commences a shift. Completion of the agency induction has been covered with the RGN Staff under supervision. Once this is completed a copy is maintained and is available for viewing if required.</p>
<p>Recommendation 6</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered person should ensure that nursing records are completed contemporaneously.</p> <p>This recommendation was made in relation to food and fluid intake records but not limited to.</p> <p>Ref: Section 4.3.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Further training on the completion of the supplementary records is to take place with all care staff. The Home Manager is carrying out daily checks on records, discussing with staff if any anomalies are found at the time. Completion of these records will also be monitored through the Monthly visit by the RM.</p>

<p>Recommendation 7</p> <p>Ref: Standard 44 Criteria 1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered person should ensure there is an established system to assure that the home is kept tidy, clean and hygienic at all times in accordance with infection control best practice.</p> <p>Ref: Section 4.3.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Daily walkabout audits are being completed, alongside house keeping audits. All staff to be made aware of their responsibility of ensuring the home is kept tidy, clean and hygienic at all times. Compliance will also be monitored through the monthly visit by the RM.</p>
---	---

Please ensure this document is completed in full and returned via 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 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

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