



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment: The Court Care Home
Establishment ID No: 1451
Date of Inspection: 04 March 2015
Inspector's Name: Bridget Dougan
Inspection No: IN016916

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	The Court Care Home
Address:	1A Queens Avenue Ballymoney BT53 6DF
Telephone Number:	028 2766 6866
E mail Address:	thecourt@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Healthcare Ltd Maureen Claire Royston (Registration Pending)
Registered Manager:	Mrs Louise McIlwrath
Person in Charge of the Home at the time of Inspection:	Mrs Louise McIlwrath
Categories of Care:	NH-I, NH-DE, NH-PH
Number of Registered Places:	45
Number of Patients Accommodated on Day of Inspection:	34
Scale of Charges (per week):	£581 - £624
Date and type of previous inspection:	05 August 2014 Primary Unannounced
Date and time of inspection:	04 March 2015: 14.30 – 17.00 hours
Name of Lead Inspector:	Bridget Dougan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

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

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	20
Staff	8
Relatives	2
Visiting Professionals	0

6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

The Court Care Home is one of a number of homes operated by Four Seasons Health Care Ltd. It is a purpose built, two storey building, set in landscaped grounds in a quiet residential area of Ballymoney. The home is close to the social, commercial and religious facilities of the town.

The home is registered to accommodate a total of 45 patients with a maximum of three persons in the category NH-PH and a maximum of 14 persons in the category NH-DE. The majority of patient accommodation is provided in single bedrooms with four double bedrooms.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) accurately reflected the categories of care and was appropriately displayed in a prominent position of the home.

8.0 Executive Summary

An unannounced secondary inspection of The Court Care Home was undertaken by Bridget Dougan on 04 March 2015 between 14.30 hours and 17.00 hours. The inspection was facilitated by Mrs Louise McIlwrath, registered manager, who was available for verbal feedback at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, relatives and staff who commented positively on the care and services provided by the nursing home.

As a result of the previous inspection conducted on 5 August 2014, four requirements and one recommendation were issued. These were reviewed during this inspection. The inspector evidenced that all requirements and recommendations had been fully complied with. Details can be viewed in the section immediately following this summary.

Inspection of the home policies and procedures confirmed that policies were in place on the management of continence and there was evidence of best practice guidance.

Staff were trained in continence care on induction and had also received continence awareness training.

Discussion with the registered manager and review of three care records confirmed that individual assessment and care plans on continence care were in place for each patient and were reviewed on a regular basis. The management of continence within the home was of a good standard.

The patients were well presented and those that were able to communicate commented positively on the care provided. Refer to section 11.2 for further details about patients.

The inspector's overall assessment of the level of compliance in this area is recorded as 'Compliant'.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. Therefore, nil requirements and nil recommendation have been made following this inspection.

The inspector would like to thank the patients, relatives, the registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20 (1)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients:</p> <p>Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p>	<p>Review of a sample of three weeks duty rotas evidenced that the number of staff on duty were in line with legislation for the number of patients currently in the home.</p>	<p>Compliant</p>
2	20 (1) (c) (i)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients:</p> <p>Ensure that the persons employed by the registered person to work at the nursing home receive appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>All agency staff are required to complete a structured orientation and induction.</p>	<p>Discussion with the registered manager and review of induction records evidenced that all agency staff have completed a structured orientation and induction.</p>	<p>Compliant</p>

3	27 (2) (c)	<p>The registered person shall, having regard to the number and needs of patients, ensure that equipment provided at the nursing home for use by patients or persons who work at the home is in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose for which it is to be used.</p> <p>The following issue require to be addressed:</p> <ul style="list-style-type: none"> • filter for tumble dryer • laundry baskets needs replaced • ironing board cover needs replaced. 	Discussion with laundry staff and the registered manager confirmed that this requirement had been complied with.	Compliant
4	27 (2) (d)	<p>The registered person shall, having regard to the number and needs of patients, ensure that all parts of the home are kept clean and reasonably decorated.</p> <p>The registered person should ensure there is a review of bed linen and replacement of bedding as required.</p>	Observation of a sample of patients' bedrooms during a general inspection of the home and discussion with the registered manager evidenced that this requirement had been complied with.	Compliant

No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	28.6	The registered manager must ensure that a record is kept in the home of the names and signatures of those attending the training event; the dates of the training; the name and qualification of the trainer or training agency and the content of the training programme.	The inspector reviewed staff training records and can confirm that this recommendation has been complied with.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one notification to RQIA regarding a potential safeguarding of vulnerable adults (SOVA) incident since the previous inspection. RQIA is satisfied that the registered manager has dealt with the SOVA issue in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken for all patients. The outcome of these assessments was incorporated into the patients' care plans on continence care. The type of continence products to be used was not included in the patients' continence assessments or care plans in the sample of records reviewed. This was discussed with the registered manager and the inspector was informed that, following a review of all incontinence products carried out the previous week; registered nurses were in the process of including this information into each patients care records.</p> <p>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of three patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p>Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • catheter care • stoma care. <p>The inspector can also confirm that the following guideline documents were in place:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	Compliant
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings:	
Not applicable	

Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that all relevant staff were trained and assessed as competent in continence care. Registered nurses received training in male and female catheterisation and had been deemed competent in this area. The inspector was informed that regular audits of the management of incontinence were included in care plan audits and the findings acted upon to enhance standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Compliant
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Patients and Relatives Comments

During the inspection the inspector spoke with 20 patients individually and with the majority of others in smaller groups.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home. The inspector also met with two relatives who also commented positively regarding the care and services provided.

Some comments received from patients and relatives:

- "I am very happy with everything."
- "Staff are great, I have no concerns."
- "This is a great place. Our relative is very well cared for."

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with legislation for the number of patients currently in the home.

The inspector spoke to eight staff during the inspection. No issues or concerns were brought to the attention of the inspector. Some comments received from staff:

- "This is a busy unit but the care is excellent."
- "We all work well together as a team."
- "The residents are all well looked after here."

11.3 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed Mrs Louise McIlwrath, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



No requirements or recommendations resulted from the **secondary unannounced inspection** of **The Court Care Home** which was undertaken on **04 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED:	Jim McCall	<i>J.P. McCall</i>	SIGNED:	Louise McIlwrath
NAME:	Jim McCall	MANAGING DIRECTOR	NAME:	Louise McIlwrath
	Registered Provider	<i>24/3/15</i>		Registered Manager
DATE	23.03.15		DATE	20 th March 2015

Approved by: <i>B. Dougan</i>	Date <i>26/3/15</i>