

Unannounced Enforcement Compliance Inspection Report 24 January 2017



The Court Care Home

Type of Service: Nursing Home

Address: 1a Queens Avenue, Ballymoney, BT53 6DF

Tel no: 028 2766 6866

Inspector: Sharon Loane & Lyn Buckley

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced enforcement compliance inspection of The Court Care Home took place on 24 January 2017 from 9.45 to 12.50 hours.

The purpose of the inspection was to assess the level of compliance achieved by the home regarding a failure to comply notice issued on 03 November 2016. The areas for improvement and compliance with regulation were in relation to the quality of nursing care (FTC/NH/1451/2016-17/02).

The date for compliance with the notice was 04 February 2017.

At the compliance inspection on 05 January 2017 evidence was not available to validate compliance with the above failure to comply notice. However, there was evidence of some improvement and RQIA senior management decided to extend the compliance date until 04 February 2017. At the request of management within Four Seasons Health Care the compliance inspection was arranged for 24 January 2017.

FTC Ref: FTC/NH/1451/2016-17/02

Evidence was available to validate full compliance with the above failure to comply notice.

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

The findings of this inspection were discussed with Louisa Rea, regional manager and Claire Wilkinson, home manager, as part of the inspection process.

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 unannounced enforcement compliance inspection undertaken on 05 January 2017.

The purpose of this inspection was to assess the level of compliance achieved by the home regarding the two failure to comply notices issued on 03 November 2016.

FTC/NH/1451/2016-17/01

Evidence was available to validate full compliance with the above failure to comply notice.

FTC/NH/1451/2016-17/02

Evidence at the time of inspection was not available to validate full compliance with the above failure to comply notice. However, there was evidence of some improvement and progress made to address the required actions within the notice.

Following the inspection, RQIA senior management held a meeting on 12 January 2017 and a decision was made to extend the compliance date up to the legislative timeframe of 90 days to allow The Court Care Home address the breaches of regulation outlined in FTC/NH/1451/2016-17/02. Compliance with the notice must be achieved by 04 February 2017.

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 (No 11) Limited Dr Maureen Claire Royston	Registered manager: See box below
Person in charge of the home at the time of inspection: Mrs Claire Wilkinson	Date manager registered: Claire Wilkinson– application not yet submitted
Categories of care: NH-DE, NH-D,NH-PH A maximum of 14 patients in category NH-PH. A maximum of 14 patients in category NH-DE to be accommodated in the dementia unit.	Number of registered places: 45

3.0 Methods/processes

Prior to inspection we analysed the following records:

- the requirements as indicated in the failure to comply notice
FTC Ref: FTC/NH/1451/2016-17/02
- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous enforcement compliance inspection report
- notifications received since 11 January 2017

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

- discussion with Louisa Rea, regional manager
- discussion with Claire Wilkinson, home manager
- a review of weight monitoring records and audits
- review of two patient care records
- review sample of two patients supplementary care records; food and fluid intake charts

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 January 2017

The most recent inspection of the home was an unannounced enforcement compliance inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Inspection findings

4.2.1 FTC Ref: FTC/NH/1451/2016-17/02

Notice of Failure to Comply with Regulation 12 (1) (a) (b) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered person shall provide treatment, and other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

- (a) meets his individual needs;**
- (b) reflects current best practice;**

In relation to this notice the following nine actions were required to comply with this regulation.

- The registered person must ensure that patients' assessment of needs, including risk assessments are completed and updated regularly, to reflect the needs of the patient and inform the care planning process.
- The registered person must ensure that care plans are established to guide and inform the delivery of care.
- The registered person must ensure that care plans fully reflect any instructions from the multi professional team and that these are implemented accordingly.
- The registered person must ensure that patients' weights are monitored and evaluated, in accordance with their care plans and level of risk. Subsequent action taken in response to any identified deficits should be clearly recorded in the patient's individual care records.
- The registered person must ensure that supplementary care records such as food and fluid charts and repositioning charts are maintained accurately, and evidence the subsequent action taken in response to any identified deficits.
- The registered person must ensure that patient repositioning charts are accurately maintained and reflect the care plan requirements for wound and/or pressure care management.
- The registered person must ensure registered nurses evaluate the effectiveness of care delivered, in regards to the management of wounds, nutrition and weight loss. This information must accurately inform the patient's daily progress notes.
- The registered person must ensure that registered nurses liaise with members of the multi professional team on an ongoing basis to ensure patients health and welfare.
- The registered person must ensure that care records in relation to wounds, nutrition and weight loss are maintained in accordance with professional standards and guidelines.

Five of the actions outlined in the notice above achieved compliance at the last enforcement compliance inspection. The four outstanding actions were reviewed as part of this inspection.

A review of two care records identified that care plans were established to guide and inform the delivery of care. There was evidence that care plans had been reviewed and updated in response to the changing needs of patients. The care plans reviewed clearly demonstrated the care interventions required in relation to the needs and risks identified. Any advice and recommendations from other health and social care professionals were referred to as deemed necessary and appropriate.

Since the last inspection a detailed analysis of patients' weights had been undertaken. This analysis included a 'weights change summary' which illustrated any changes in patients' weight within a twelve month period. This information was then analysed further and highlighted any patients with a weight loss of less than 5 per cent and weight loss of either 10 or 15 per cent over a calendar year.

A review of two patients care records evidenced that risk assessments and care plans had been reviewed and updated accordingly. Appropriate actions had been taken by nursing staff in response to identified needs and included referrals and/or liaisons with medical and other healthcare professionals. There was evidence in the care records that recommendations made by healthcare professionals had been adhered to accordingly. There was evidence of regular monitoring of patients weights in accordance with the level of risk identified and instructions outlined in the plan of care.

A sample review of food and fluid charts for the two identified patients evidenced improvement and progress in this area of practice. The information included food and fluids refused. There was good evidence that food and fluids were offered at regular intervals. Charts reviewed evidenced that 24 hour fluid intake was calculated and totalled accurately and subsequently recorded in the patient's daily notes. There was evidence of oversight by management in regards to the monitoring of these records.

As discussed above a review sample of food and fluid intake charts was undertaken. A review sample of daily progress notes for the identified patients evidenced that registered nurses were recording the total fluid intake within these records. A comparison of information recorded within food and fluid charts and the daily progress notes confirmed the accuracy of the recordings across the two records. Entries recorded accurately reflected when food and fluid intake was satisfactory and /or inadequate. There was good evidence available to demonstrate that all registered nurses on duty over the 24 hour period had monitored and/or taken any action to address identified deficits. There was evidence that appropriate actions had been taken when intake was poor for example; communication with the general practitioner (GP). This information was reflected in the patient's daily progress notes and evaluations of the care plans in place were updated to reflect any changes in the patient's progress and/or condition on a frequent basis.

Conclusion

The actions required to comply with regulations as stated within failure to comply notice FTC/NH/1451/2016-17/02 were evidenced to have been met in full.