



# Unannounced Care Inspection Report 28 September 2018



## The Court Care Home

**Type of Service: Nursing Home**  
**Address: 1a Queens Avenue, Ballymoney, BT53 6DF**  
**Tel no: 028 2766 6866**  
**Inspector: James Lavery**

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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 45 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> Claire Wilkinson
<b>Person in charge at the time of inspection:</b> Claire Wilkinson	<b>Date manager registered:</b> 15 March 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 45  A maximum of three persons in category NH-PH. A maximum of 14 patients in category NH-DE to be accommodated in the dementia unit.

### 4.0 Inspection summary

An unannounced inspection took place on 28 September 2018 from 09.30 to 18.30.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 adult safeguarding, the internal environment, and the provision of wound care. Further areas of good practice were also noted in regards to collaboration with the multiprofessional team, meeting the nutritional needs of patients, staff management, the management of complaints and governance processes focusing on quality assurance and service delivery.

No areas for improvement were identified during this inspection.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. Feedback from patients is referenced further throughout the report.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire Wilkinson, registered manager, and Louisa Rea, regional manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 3 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 3 October 2017. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of any serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with eight patients, five staff and three patients' relatives/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed. The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the home to allow patients, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the home.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- three patients' care records;
- one patient's repositioning supplementary care records
- the matrix for staff supervision and appraisal
- a selection of governance audits including those relating to the dining experience of patients, wound care and the use of restrictive practices
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and regional manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 3 October 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 3 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a)(c) <b>Stated:</b> First time	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that all chemicals had been stored in keeping with COSHH regulations.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered persons must ensure that any medicine within the home is stored in a secure place at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that medicines had been stored in a secure place at all times throughout the inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that the infection, prevention and control (IPC) issues identified during the previous inspection had been satisfactorily addressed.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard E10</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that that all areas used by patients have windows which open and closed effectively in compliance with legislative and best practice standards.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that patient's care records accurately reflect the bowel function of patients, specifically within the daily nursing record.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all patients who require assistance with the prevention/management of pressure ulcers:</p> <ul style="list-style-type: none"> <li>• are repositioned in adherence with their relevant risk assessments and care plans,</li> <li>• that all pressure relieving aids are used in compliance with the manufactures' instructions and that any required settings are detailed in relevant care plan(s).</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the care record for one patient who required regular repositioning evidenced that pressure relieving equipment was accurately referenced. While feedback from staff and review of repositioning records confirmed that the patient was regularly repositioned, there were some instances whenever the repositioning schedule was not adhered to due to the patient refusing such assistance. It was also noted that there were instances when staff did not document when they had assisted the patient to the toilet thereby providing pressure relief simultaneously.</p>	

	It was stressed that staff must accurately document all such refusals by the patient and/or whenever pressure areas are relived while staff are meeting the patient's other assessed care needs.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered provider must ensure that staff are not employed within the home until all the legislative requirements and best practice standards have been met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records for one staff member confirmed that they had not been employed within the home until all the legislative requirements and best practice standards had 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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. While patients expressed confidence in the ability of staff to meet their care needs, some did express concerns in relation to staffing levels, for instance:

“The staff are so busy ...”

“Sometimes it's great but you can't sit for 20 minutes getting to the loo.”

While the majority of feedback from staff was positive, some negative comments were received in regards to staffing within the home, for example:

“... last few months sickness was a problem but it's improved in recent weeks.”

“... some staff sickness ... too many inexperienced staff working together.”

These comments were shared with the registered manager who stated that staff morale had been poor within parts of the home but has improved since she has phased in newly recruited staff and introduced an additional carer in the mornings. Observation of care delivery during the inspection did not highlight any concerns arising from inadequate staffing levels or the skill mix of



staff on duty. Auditing of staff responses to the nurse call system is discussed further in section 6.6.

The registered manager advised that from 10 to 23 September 2018 there were two occasions when planned staffing levels were not fully adhered to due to sickness. The registered manager confirmed that staffing levels in conjunction with the dependency level of patients is regularly reviewed.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal. Staff who were spoken with confirmed that they felt well supported by the registered manager. One staff member stated “morale isn’t too bad ... we really pull together ... one of the best teams I’ve worked in.” However, while discussion with the registered manager and a review of governance records relating to staff supervision and appraisal confirmed that a system was in place to manage this, it was noted that these governance records were not fully up to date. Review of monthly monitoring records further highlighted that this deficit had been noted by the regional manager. Following the inspection, the registered manager confirmed that these records had been effectively updated at the inspector’s request. This will be reviewed during a future care inspection.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. One staff member stated “I would like palliative care training ... especially working with families.” This feedback was shared with the registered manager for further consideration and action, as appropriate.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an ‘adult safeguarding champion’ (ASC) was identified for the home. Feedback from the registered manager and a review of notifiable incidents highlighted that there had been two safeguarding instances since the previous care inspection. Discussion with both the registered manager and staff provided assurance that the incidents had/were being managed appropriately and that staff demonstrated a good awareness of how to respond to any potential safeguarding incident.

Review of notification records evidenced that some notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. However, it was highlighted to the registered manager that several notifications had been unnecessarily submitted to RQIA. The registered manager was encouraged to only submit such notifications in compliance with existing RQIA guidance.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with

the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. The use of electronic keypads to open/close some doorways was noted in some patient areas and it was agreed with the registered manager that access codes should be displayed beside such keypads, as appropriate, to ensure that patients' freedom of movement was not being inappropriately restricted. Review of the environment also highlighted some parts of the home which required minor refurbishment, for example, areas of chipped/peeling paint. Following the inspection, the registered manager confirmed that all identified areas had been addressed. It was further noted that wheelchairs were stored inappropriately within one bathroom and one shower room. These items were removed by staff during the inspection and the importance of only using rooms for their intended purpose was stressed. It was positive to note that several lounges had been decorated in a style which aims to promote patient comfort and facilitate reminiscence, such as the 'Gentleman's sitting room' and 'Granny's sitting room.' It was noted however that one library area lacked adequate signage so as to promote patient orientation. The registered manager confirmed following the inspection that new signage had been erected in this area. A doorway to one sluice area was also observed to have been left unlocked by staff. The need to effectively manage and secure all areas in which equipment is used by staff and which pose a potential risk to patients was highlighted. The identified doorway was secured by staff during the inspection. In addition, a spillage was noted within one corridor. This was brought to the attention of domestic staff who immediately and effectively removed the spillage. It was agreed with the registered manager that spillages which may pose a risk to patients should be attended to by staff as soon as possible.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one table which had been temporarily repaired was in poor repair, the presence of used hair brushes/clippers in two communal areas, and the use of unlaminated signage. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. The registered manager confirmed following the inspection that all identified deficits had been satisfactorily addressed.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices and that fire training was consistently embedded into practice. Discussion with staff also confirmed that the fire alarm was tested by maintenance staff on a weekly basis in addition to regular fire drills which at times included staff having to locate a hidden fire notice as a method of simulating the locating a fire.

An application made to RQIA on 25 May 2016 in regards to the internal environment was discussed. The regional manager advised the inspector that their intention to proceed with the application was "on hold" at present. The registered manager and regional manager were encouraged to inform RQIA as soon as possible if it was their intention to proceed with the application or request for it to be withdrawn. This information was shared with the RQIA estates team following the inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to adult safeguarding, the internal environment, and monitoring the professional registration of staff.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. One staff member responded to the online staff questionnaire and confirmed that they were "very satisfied" that care delivered to patients was both effective and compassionate. All other staff comments received following the inspection will be shared with the registered manager, as appropriate.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who required the use of restrictive practice, namely, an alarmed pressure mat, were found to be comprehensive, person centred and kept under timely review. The records further evidenced that appropriate consent had been obtained and that the decision to implement the restrictive practice had been regularly reviewed to ensure that the approach was proportionate and necessary. This practice is commended.

One patient who required ongoing wound care was also reviewed. It was noted that nursing staff had effectively collaborated with the multiprofessional team, specifically the TVN and that they had adhered to the prescribed dressing regimen. It was highlighted to the registered manager that some care plans were given the same number by nursing staff which had the potential for creating a lack of clarity within the nursing record. The registered manager confirmed following the inspection that the patient's care plans had been numbered in more robust and useful manner.

The provision of care to patients requiring a modified diet was also reviewed. Discussion with nursing staff and a review of care records for one patient who required a modified diet highlighted that an accurate and person centred care plan was in place which clearly reflected the patient's

assessed dietary needs. The care records also included evidence that this information had been shared with kitchen staff in an accurate and timely manner.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of wound care, collaboration with the multiprofessional team and meeting the nutritional needs of patients.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate, caring and timely. All patients were largely positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "The food is quite good."
- "The girls are good."
- "The girls are all great ... food is quite good."
- "I can't have the food."
- "The girls are lovely ... I'm happy ... the food's good."
- "The food is very nice ... the girls are cut down I think."
- "The staff are so busy ... sometimes they answer the buzzer, sometimes they don't."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "I can't fault the food ... (the patient) is well treated."
- "The staff are great."
- "I've no concerns ... the lounge (within the first floor) isn't very homely."

Letters and cards of thanks were also available within the reception area. One letter of compliment, dated January 2018 read:

- “Thank you for the wonderful care and support you gave ... the patience, tolerance, professionalism and devotion of those who looked after ... was beyond question and of great comfort to the family.”

Feedback from both patients and patients’ relatives was shared with the registered manager.

While no concerns were noted during the inspection, in regards to the promptness with which staff responded to the nurse call system, the registered manager was encouraged to periodically audit this aspect of care in order to quality assure the delivery of care to patients. The registered manager also agreed to review the current seating arrangements within one identified lounge to help improve interaction between patients.

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, one staff questionnaire was returned within the specified timescales; this response is referenced within section 6.5. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining areas on both the ground and first floors appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. Staff communication with patients was also observed to be timely, respectful and compassionate. The registered manager stated that there had been a recent focus on improving the presentation of food for patients in addition to the provision of additional training for kitchen staff and a review of the menu.

Review of the environment highlighted one corridor which featured diversional therapy artwork, entitled “Our wish tree.” This display featured a commitment by the home to implement an expressed ‘wish’ by individual patients throughout the year. However, the display was significantly out of date and discussion with the registered manager confirmed that while planned activities for patients were ongoing, this artwork was not being actively used. It was agreed that displays within the home in relation to planned activities for patients should remain up to date and regularly reviewed. This will be reviewed during a future care inspection. The use of internal décor as a means of facilitating reminiscence is discussed in section 6.4.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the dining experience of patients and communication between staff and patients.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

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 confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to the dining experience of patients, wound care and the use of restrictive practices. All audits which were sampled had been completed in an effective and robust manner and the registered manager confirmed that their findings helped to inform ongoing quality improvement within the home.

Governance records relating to the induction of agency staff also provided assurance that such staff had undergone a timely and thorough induction prior to commencing their first shift within the home. Feedback from agency staff during the inspection confirmed this.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to managing staff, the management of complaints and governance processes focusing on quality assurance and service delivery.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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