Unannounced Care Inspection Report
6 June 2017

Shaftesbury Mews

Type of Service: Nursing Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel no: 028 90 852866
Inspector: Sharon Loane

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 18 persons.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd **Responsible Individual(s):** Nicola Copper	**Registered Manager:** Samuel Warren
Person in charge at the time of inspection: Samuel Warren	**Date manager registered:** 26 April 2017
Categories of care: Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years.	**Number of registered places:** 18 A maximum of 6 patients to be accommodated in each of the 3 bungalows.

4.0 Inspection summary

An unannounced inspection took place on 6 June 2017 from 11.30 to 16.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were good examples of practice found throughout the inspection in relation to staff recruitment; induction, training, adult safeguarding, risk management processes; the completion of risk assessments and care plans; responding to patients' behaviour; pressure care and bowel management and food and fluid intake monitoring; and communication between patients, staff and other key stakeholders. There was also evidence of good governance and management systems.

One area for improvement was identified within the safe domain in relation to falls management.

Patients indicated verbally and non-verbally that they were happy living in the home and staff were kind to them.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Samuel Warren, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Findings of the inspection were discussed with Samuel Warren, Registered 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 23 February 2017

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 23 February 2017.

There were no further actions required to be taken following the most recent 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
- the previous care inspection report
- pre-inspection assessment audit

During the inspection the inspector met with five patients, one registered nurse, two care staff and the activities co-ordinator. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and three for relatives were left for distribution. Due to the category of care, only one patient questionnaire was left for completion.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 29 May to 11 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- 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

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.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 February 2017

The most recent inspection of the home was an announced pre-registration care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 23 February 2017

There were no areas for improvement identified as a result of the last care inspection.

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 regular review to ensure the assessed needs of the patients were met. The planned staffing levels were based on the patients' dependency needs which also included specific staffing arrangements for some patients as outlined by the commissioning Trust. A review of the staffing rota from 29 May to 11 June 2017 evidenced that the planned staffing levels were adhered to. The registered manager advised that adequate numbers of staff had been recruited to cover the bungalow which was in operation. However, efforts to recruit staff for the other bungalows to date had been unsuccessful, particularly for registered nurses.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff confirmed that communication was effective and well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Staff recruitment information was available for inspection and two personnel files reviewed were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Where nurses were employed, their registrations were checked with the Nursing and Midwifery Council (NMC), to ensure that they were suitable for employment. Care staff were required to register with the Northern Ireland Social Care Council (NISCC) prior to commencement of their employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been obtained, prior to the staff member starting their employment.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two induction records were reviewed. The induction record included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction process, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure staff received support and guidance. Staff were coached and mentored through one to one supervision, and where appropriate undertook competency and capability assessments. Arrangements were in place for care staff to receive supervision every three months and for registered nurses on a monthly basis. Individual supervisions were also conducted with staff in response to learning that was identified from governance audits and/or their performance.

The registered manager confirmed that competency and capability assessments had been completed for all registered nurses who took charge of the building in the absence of the registered manager. A review of a competency capability assessment for one registered nurse identified on the staffing rota to fulfil this role and responsibility was completed appropriately.

Discussion with staff and a review of the training matrix/schedule for 2017 indicated that training was planned to ensure that mandatory training requirements were met. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules for a number of areas which was also supported by face to face training. A discussion with the registered manager advised that a staff training and development plan was available which had last been reviewed 26 April 2017. The registered manager advised that they reviewed training on a monthly basis and actions are taken accordingly.

Discussion with staff and observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The staff understood what constituted abuse and how to report any concerns that they had. The relevant contact details were displayed in notice boards within the nurses' and registered manager's office.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three 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.

A review of accident and incident and care records identified that falls risk assessments and care plans were not consistently updated following each fall / incident. This has been identified as an area for improvement.

A discussion with the registered manager confirmed that arrangements were in place to complete management audits for falls. A review of the template for use evidenced that this was appropriate to identify any patterns and trends. A log record was being completed on a monthly basis to evidence any accidents and/or incidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the service was registered confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The registered manager advised that curtains in some rooms had been damaged due to the category of care; however, there was evidence that actions had been taken to ensure that this matter was resolved.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement has been identified in relation to falls management.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patient care records evidenced that prior to admission a range of validated risk assessments and care plans were completed in consultation with the commissioning Trust. There was evidence that risk assessments informed the care planning process. Care plans reviewed were detailed and person centred.

There were a number of examples of good practice found throughout the inspection in this domain. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Discussion with registered nurses and care staff evidenced that they were knowledgeable regarding the recommendations made and confirmed care delivered was reflective of same.

Supplementary care charts such as repositioning/food and fluid intake evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Food and fluid intake charts confirmed that patient's fluid intake was monitored effectively. Patient's fluid intake was totalled over the 24 hour period and recorded within the daily progress notes. Where fluid restrictions applied these were adhered to and managed appropriately.

Personal care records evidenced the delivery of personal care and also reflected where a patient had refused this aspect of care. Patient's bowel movements were monitored by registered nurses on a daily basis, to ensure that any changes from the patient's normal bowel patterns were identified and timely actions taken. A system was in place to monitor patient's weights on a weekly basis. Patients that required modified diet and fluids had the relevant risk assessments completed. As previously discussed care plans were reflective of the recommendations made by SALT. A discussion with staff demonstrated that they were knowledgeable regarding the various types of diets and consistency of fluids.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. A review sample of daily progress notes for three patients care records evidenced that these were detailed. For example; information recorded included the triggers for challenging behaviour presented, the interventions undertaken and the desired/undesired effect. This is good practice.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held on the 19 and 31 May 2017 and records were maintained. The registered manager advised that meetings would be held on a frequent basis until the home became more established and thereafter they would be held as per the Care standards for Nursing Homes, 2015.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas of improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	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. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

During the inspection, we met with the five patients, two care staff, one registered nurse and the deputy manager, one kitchen staff and the activities co-ordinator.

Some comments included:
"Management are brilliant, very approachable."
"Patients' are treated with dignity and respect, we are like a family."
"Staff are very patient focused and would go any length to meet patients' needs."

As previously discussed in section 5.0 questionnaires were issued for distribution and a request made that they would be returned within a specified timescale. Five staff questionnaires were returned within the timeframe for inclusion in this report. Comments and outcomes were as follows:

The respondents indicated that they were either 'very satisfied' or 'satisfied' that the care in the home was safe, effective and compassionate and that the home was well-led.

An additional written comment was included as follows:
"Best management team I have ever come across".

Three questionnaires were returned by relatives and all respondents indicated that they were 'very satisfied' with the care and services provided.

Some additional written comments included:
"The home is an excellent facility, well kept …"
"Staff are very friendly and we always feel very welcome to visit."

The level of verbal communication achieved with patients was minimal due to their category of care. However, it was apparent from their gestures that they liked living in Shaftesbury Mews. At the time of the inspection, patients were observed participating in one to one activities and all patients were going out for the afternoon to Antrim Castle Gardens. The patients displayed excitement about going out on the trip.

A discussion with the activities co-ordinator and staff evidenced that they recognised that the provision of activities was an integral part of the care process. The activities co-ordinator advised that an individual programme of activities was in place for each patient however, acknowledged that activities are provided at times which are best suited to the patients' preferences and needs. A record of activities held was maintained for each patient. Advice was provided that the information should reflect the outcomes of the activities held to ensure that they are meaningful and suitable to meet patient's needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Shaftesbury Mews was registered by RQIA on 23 February 2017. The registered manger, Samuel Warren was registered on 26 April 2017 and was involved in the commissioning of the home.

The registration certificate was displayed appropriately. Due to recent changes regarding the registration of the home, RQIA will issue a new certificate. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of records and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Staff were able to identify the person in charge of the home. The staffing rota identified the registered nurse in charge of the building in the absence of the registered manager.

A copy of the complaints procedure was displayed in the home. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the home was registered confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place and currently being developed and implemented 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 care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits completed had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

The registered manager advised that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. This information was not reviewed at this inspection.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Samuel Warren, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)

Area for improvement 1 **Ref:** Standard 22 **Stated:** First time **To be completed by:** 31 July 2017	The registered person shall ensure that falls prevention is managed in accordance with the DHSSPS, Care Standards for Nursing Homes, 2015. **Ref: Section 6.4**

Response by registered person detailing the actions taken:

- 24 hour reports are received to managers office each day outlining any incidents including falls
- MANAGER ACTIONS ANY INCIDENTS OF FALLS including ensuring falls risk assessments are updated in line with DHSSPS standards.
- All nurses in charge also email manager with any incidents that occur daily, therefore enabling manager to have full oversight of incidents including falls and action accordingly.
- Care managers from Trusts also informed of incidents as they occur and are emailed the associated incident forms as an additional layer of governance.

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