

**Unannounced Care Inspection
of
Bangor – McKeown Suite**

5 January 2016

1. Summary of Inspection

An unannounced care inspection of Bangor McKeown Suite, took place on 5 January 2016 from 09.25 to 15.25.

The focus of this inspection was continence management which was underpinned by selected criterion from DHSSPS Care Standards for Nursing Homes, April 2015:

Standard 4: Individualised Care and Support

Standard 6: Privacy, dignity and Personal Care

Standard 21: Health Care

Standard 39: Staff training and development

On the day of the inspection, the care in The McKeown Suite was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

There were no further actions required to be taken following the last care inspection on 7 July 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Regional Managers, Mary Moore and Alana Irvine and the Manager, Tiago Moreira, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	Registered Manager: Tiago Moreira
Person in Charge of the Home at the Time of Inspection: Tiago Moreira	Date Manager Registered: Tiago Moreira – Acting Manager
Categories of Care: NH-DE	Number of Registered Places: 30
Number of Patients Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

The inspection sought to assess and to determine if the selected criteria from the following standards in relation to continence management have been met:

Standard 4: Individualised Care and Support, criterion 8
Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21: Health Care, criteria 6, 7 and 11
Standard 39: Staff Training and Development, criterion 4

In addition to the standards examined, information was received by RQIA from a member of the public regarding the suspected absence of a registered nurse to take charge of the McKeown Suite on an identified night duty shift.

While it is not the remit of RQIA to investigate complaints 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 action is required; this may include an inspection of the home.

As an inspection to Bangor Care Home, McKeown Suite, was already scheduled, the focus would be extended to include staffing when the registered manager is not on duty.

4. Methods/Process

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

- discussion with the manager
- discussion with patients
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with 14 patients individually, four care staff, one ancillary staff member and two registered nursing staff.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- staff induction templates for registered nurses and care assistants
- competency and capability assessments for the nurse in charge
- three care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- regulation 29, monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 7 July 2015. There was no QIP required from this inspection.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No Requirements or Recommendations were made during the last inspection.

5.3 Continence Management

Is Care Safe? (Quality of Life)

Policies and procedures dated October 2015 were in place to guide staff regarding the management of continence.

A Four Seasons Health Care guidance document on continence management was available in the home. No further continence guidance was available in the home. A recommendation was made for further continence guidance to be sourced and made available to staff.

Discussion with staff and the manager confirmed that staff had received training in continence management and further training has been arranged for February 2016.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with the manager and staff confirmed there were two registered nurses trained and assessed as competent in urinary catheterisation. The manager had identified an additional three registered nurses who had received training in urinary catheterisation though required competencies to be completed.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse had been identified for the home and training for the continence link nurse had been identified to take place on 26 January 2016.

Is Care Effective? (Quality of Management)

Review of three patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. However, the specific type of continence product the patient required was not recorded in either the continence assessment or care plan. A recommendation was made.

There was evidence in two of the three patients' care records reviewed that Braden risk assessments had not been reviewed consistently on a monthly basis. One assessment was last reviewed in September 2015. A recommendation was made.

Three continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

Records relating to the management of bowels were reviewed which evidenced that staff made reference to the Bristol Stool Score. However, these records were not transcribed into the patients' individual care record. Gaps between bowel movements were noted within the 'Bowel Movement File' which were not in keeping with the patients' bowel assessments. A recommendation was made.

Records reviewed evidenced that urinalysis was undertaken as required and patients were referred to their GPs appropriately.

Is Care Compassionate? (Quality of Care)

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

Further guidance on continence management should be sourced and made available for staff to make reference too.

The specific continence product required to meet the needs of the patient should be identified on the continence assessment and the continence care plan.

Risk assessments such as Braden should be reviewed monthly and the review documented within the patients' care records.

Records of bowel management should be consistently recorded and transcribed into the patients' individual care record highlighting any actions taken to address any variance from the bowel assessment.

Number of Requirements:	0	Number of Recommendations:	4
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

5.4.1. Consultation with Patients, Representatives and Staff

During the inspection process, 14 patients and seven staff were consulted with to ascertain their personal view of life in McKeown Suite. The feedback from the patients and staff indicated that safe, effective and compassionate care was being delivered in McKeown Suite.

Some patients' comments received are detailed below:

"It's very comfortable here."

"I like it here."

No patient representatives were available for consultation on the day of inspection.

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:

"The staff are lovely and the patients are lovely."

"I love it here."

"I really like it here."

"So far, so good."

"We try to do the best we can for patients and families."

5.4.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- identified pressure relief cushion ripped
- malodour in identified room
- unidentified shower gel and deodorant in shower room
- hairbrush left in toilet area

The above issues were discussed with the regional managers and the manager on the day of inspection. An assurance was provided by the manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

5.4.3. Topical Preparations

During a tour of the premises, two topical preparations were viewed in two separate patients' rooms. One label had hand writing stating 'opened 24/4/14'. The other preparation had a label attached to it dated 5/12/14. A recommendation was made that topical preparations are disposed of as instructed by manufacturers' and best practice guidance.

5.4.4. Competency and Capability

Prior to the inspection, RQIA had received a concern via a telephone call to the RQIA duty desk regarding an unqualified nurse taking charge of the McKeown Suite on an identified night duty. This was discussed with the manager and assurances were given by the manager that registered nurses are on duty covering 24 hours of every day in McKeown Suite. An assurance was given that there never had been the occasion when the McKeown Suite did not have a registered nurse to cover any shift. A review of the staff duty rota and evidence provided to RQIA post inspection confirmed that a registered nurse was on duty on the identified shift. Evidence was provided that the nurse had completed their induction in the McKeown Suite. However, management had not ensured the nurse had completed a competency and capability assessment for a nurse in charge prior to rostering the nurse to take charge on the identified date. A requirement is made to ensure any registered nurse taking charge of any nursing unit in Bangor Care Home must first have a competency and capability assessment for the nurse in charge completed prior to taking charge on the shift which they have been rostered to work.

5.4.5. Meals and Mealtimes

The mealtime experience for patients appeared to be a pleasant one. Staff supervised the mealtime and were observed to be encouraging and assisting patients with their meals appropriately. Patients who required appropriate clothing protectors were observed to be wearing them. Patients were offered a choice of meal and drinks and food transferred to patients' rooms was covered on transfer. The food was well presented and looked nutritious. However, breakfast did not commence until 10.00. This late start for breakfast may discourage some patients from their lunch which was planned for 12.30. Also, in one identified dining area two bowls of porridge had been left in an unheated metal trolley intended for staff, when available, to bring to a patients' room and assist them with their breakfast. The porridge had been uncovered and given the time it had remained in the trolley would have been cold and lost its texture if it had been given to the patient. Fresh porridge was given to the patients. Pictorial menus were on display during breakfast in one dining area however during lunch, pictorial menus were not on display in both dining areas. A recommendation has been made.

Areas for Improvement

A more robust system should be implemented to ensure the homes compliance with infection prevention and control measures.

Topical preparations should be disposed of as instructed by manufacturers' and best practice guidance.

The registered manager must ensure registered nurses have a competency and capability assessment for nurse in charge completed prior to being left in charge of the unit at any given time.

Mealtimes should commence in a timely manner, have menus on display suitable for the patients' understanding and food should only be served immediately before the patient can be assisted, if required, with their meal.

Number of Requirements:	1	Number of Recommendations:	3
--------------------------------	----------	-----------------------------------	----------

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Regional Managers, Mary Moore and Alana Irvine and the Manager, Tiago Moreira, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 20 (3)

Stated: First time

To be Completed by:
31 January 2016

The registered manager must ensure any registered nurse left in charge of any nursing unit must have a competency and capability assessment of nurse in charge completed prior to commencing their shift as nurse in charge.

Ref: Section 5.4.4

Response by Registered Person(s) Detailing the Actions Taken:
All Registered Nurses have had a Nurse in Charge of the Home Competency and Capability Assessment completed and signed off

Recommendations

Recommendation 1

Ref: Standard 4
Criteria (8)

Stated: First time

To be Completed by:
29 February 2016

Further guidelines on continence management should be sourced and made available to staff to be used on a daily basis such as:

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- RCN catheter care

Ref: Section 5.3

Response by Registered Person(s) Detailing the Actions Taken:
All units have been provided with continence management policies which include guidelines on management and procedures. Further guidelines have also been made available to all the staff in all units.

Recommendation 2

Ref: Standard 4
Criteria (1) (7)

Stated: First time

To be Completed by:
29 February 2016

It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.

Ref: Section 5.3

Response by Registered Person(s) Detailing the Actions Taken:
Continence assessments and care plans have been reviewed and updated to reflect current needs. These will be reviewed monthly or more frequently if there is a change in condition.

<p>Recommendation 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The registered person should ensure that Braden risk assessments are reviewed monthly and documented within the patients' care records.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All Braden Risk Assessments have been reviewed and care plans updated to reflect current Braden score. These will be reviewed monthly or more frequently if there is a change in the residents condition.</p>
<p>Recommendation 4</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: 29 February 2016</p>	<p>The registered person should ensure that charts relating to the management of bowels are recorded accurately and consistently throughout the home and transcribed into the individual patients' care record.</p> <p>Any action taken to address concerns regarding the normal bowel pattern should be identified within the patients' daily evaluation record.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New bowel motion record in place which is returned to the nurse for check and signing of the same hence ensuring the individual patient's care record are a true reflection of the bowel movements</p>
<p>Recommendation 5</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 29 February 2016</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.4.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Infection control audit and mattress and cushion audits are in place. Daily audits are being carried out using FSHC Quality of Life and any remarks or findings relating to Infection prevention and control are recorded and acted on appropriately.</p>

Recommendation 6 Ref: Standard 28 Criteria (1) (5) (13) Stated: First time To be Completed by: 29 February 2016	It is recommended that topical preparations used in the home are disposed of as instructed in manufacturer and best practice guidelines. Ref: Section 5.4.3			
	Response by Registered Person(s) Detailing the Actions Taken: All topical preparations have been reviewed and disposed as per manufacturer's instructions.			
Recommendation 7 Ref: Standard 12 Criteria (6) (15) (22) Stated: First time To be Completed by: 31 January 2016	The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that: <ul style="list-style-type: none">• Meals are served in a timely manner at an appropriate time• Menus are displayed in a suitable format at the suitable time reflecting the food being served• Meals are plated for patients requiring assistance with their meals only when the assistant is available to provide the required assistance Ref: Section 5.4.5			
	Response by Registered Person(s) Detailing the Actions Taken: Meetings took place with kitchen staff and care staff to ensure that residents meals are served in a timely manner and at an appropriate time. Spot checks are being carried out to ensure there is no incorrect plating of the food. New menu boards are to be purchased, this will ensure the choice of meal being offered at that time is displayed.			
Registered Manager Completing QIP		Tiago Moreira	Date Completed	29.02.2016
Registered Person Approving QIP		Dr Claire Royston	Date Approved	01.03.16
RQIA Inspector Assessing Response		Dermot Walsh	Date Approved	03.03.2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address