



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 6 January 2020



Carnalea

Type of Service: Nursing Home
Address: 20 Crawfordsburn Road, Bangor, BT19 1BE
Tel No: 028 9145 1121
Inspector: James Lavery

www.rqia.org.uk

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.

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.

1.0 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 73 patients. The home also includes a wing on the ground floor (the 'Featherstone' wing) which provides care for those patients living with dementia.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care (FSHC)</p> <p>Responsible Individual(s): Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Michelle Macmillan Acting - no application required</p>
<p>Person in charge at the time of inspection: Michelle Macmillan</p>	<p>Number of registered places: 73</p> <p>A maximum of 14 persons in category NH-DE located in the Featherstone Wing.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 58</p>

4.0 Inspection summary

An unannounced care inspection took place on 6 January 2020 from 10.15 to 16.30 hours.

The inspection assessed progress with areas for improvement identified in the home 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.

Evidence of good practice was found in relation to: staff supervision/appraisal, monitoring the professional registration of staff, the repositioning of patients, the provision of activities to patients and governance processes.

Areas for improvement were highlighted in regard to the management of restrictive practices and the management of behaviours which staff may find challenging. One area for improvement in regard to post falls management was stated for a second time; one area for improvement relating to the management of patients' finances was carried forward to be reviewed at a future care inspection.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and professionals and staff during and after the inspection, are also included in the main body of this 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
Total number of areas for improvement	1	*3

*The total number of areas for improvement includes one under the standards which has been stated for a second time, and one under the standards which has been carried forward for review at the next care inspection.

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

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

4.2 Action/enforcement taken following the most recent inspection dated 12 and 13 August 2019

The most recent inspection of the home was an unannounced inspection undertaken on 12 and 13 August 2019. A care inspector inspected on 12 August and finance and estates inspectors concluded the inspection on 13 August 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, (if applicable) registration information, and any other written or verbal information received e.g. serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during 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 2019/20
- accident and incident records
- minutes of staff and relatives' meetings
- three patients' care records including supplementary repositioning records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- 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 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time	The registered person shall ensure that a record is made of the furniture and personal possessions which each patient has brought into their room.	Met
	Action taken as confirmed during the inspection: A sample of care records for two patients confirmed that an up to date record was in place detailing any furniture and personal possessions which they had brought into their room.	

<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that for the next three months, the visits by the registered provider will include a review of the oversight of patients' finances and the progress with sustaining improvement in this area, including specifically, the areas identified as part of the inspection.</p> <p>Action taken as confirmed during the inspection: Review of available monthly monitoring reports confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <p>Action taken as confirmed during the inspection: Review of finance records relating to the provision of hairdressing and podiatry services to patients confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.16</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that where staff purchase items on behalf of residents, any store loyalty points earned are owned by the resident and this is documented on the receipt. Where a resident is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the resident for their own records.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and staff confirmed that only the home's Personal Activity Leaders (PALs) may purchase items on behalf of patients unless agreed otherwise by the manager. Records submitted following the inspection confirmed that supervision with relevant staff was conducted by the manager on 24 August 2019 to reinforce this arrangement.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 14.6</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>We were informed by the home's administrator that new patient contracts had come into effect from November 2019 although these were yet to be issued to patients/families. A copy of the existing contract for patients was provided to the inspector and will be reviewed by the aligned finance inspector following this inspection. It was agreed that a copy of the new contract being implemented should be forwarded to RQIA for further consideration in relation to this area for improvement.</p> <p>This area for improvement has been carried forward to be reviewed at the next care inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 14.25</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records in relation to patients' money and valuables which are held by the home and accounts managed on behalf of patients confirmed that this area for improvement was met.</p>		

Area for improvement 6 Ref: Standard 22 Stated: First time	The registered person shall ensure that patients' neurological observations are obtained and documented in keeping with best practice standards following actual and/or suspected head injuries following a fall.	Not met
	Action taken as confirmed during the inspection: Review of care records for one patient who was assessed as being at risk of falling highlighted that this area for improvement was not met – this is discussed further ins section 6.4. This area for improvement was not met and has been stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Upon arrival to the home patients were observed finishing breakfast within the ground floor dining room while others were relaxing either within their bedroom or communal lounges. There was a relaxed atmosphere throughout the home as staff attended to patients' needs.

Staffing levels within the home were discussed with the manager who confirmed that these were planned and kept under review to ensure that the needs of patients were met. No concerns were expressed by patients or staff with regard to staffing arrangements.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. Staff stated that they undergo training either by completing online resources and/or attending face to face training events. We talked to staff about how they can recognise and promote patients' human rights; it was agreed with the manager that additional training would be considered for staff to further improve their understanding of those 'FREDA' principles which underpin a human rights approach to care, namely: fairness, respect, equality, dignity and autonomy. Staff understanding in regard to adult safeguarding is considered further below.

Discussion with staff confirmed that they underwent both annual appraisals and regular supervision. Staff told us that they felt well supported by the manager and could speak with her if they had any concerns regarding patient care.

Discussion with the manager and review of governance records confirmed that a system was in place to facilitate the reporting of statutory incidents to RQIA. However, it was noted that two such incidents had not been notified; the manager agreed to do this retrospectively. The need to ensure that all such incidents are reported to RQIA in a timely manner was stressed. An area for improvement was made.

Systems were in place to help ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy so that it is embedded into practice. The majority of staff who were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents. It was highlighted to the manager that not all staff on duty demonstrated sufficient understanding in this area and it was agreed that additional staff supervision would be arranged following the inspection.

Robust arrangements were in place to monitor and review the registration status of nursing staff with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

We reviewed compliance with infection prevention and control (IPC) best practice. It was positive to note that staff consistently and appropriately made use of Personal Protective Equipment (PPE) such as gloves and aprons when attending to patients' needs. The inspector noted that some bed rail covers within an identified bedroom were torn and needed to be replaced. The manager stated that she was aware of this and that new covers had already been ordered.

The home's environment was observed during the inspection and included a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. A high level of cleanliness was noted throughout the home with the exception of one communal lounge carpet which was notably stained; this was discussed with the manager who provided assurance that new domestic equipment had been purchased since the previous care inspection and that the identified carpet would be cleaned as a priority. We also noted that one patient's chest of drawers within the Featherstone unit were in poor repair; staff stated that the furniture was damaged due to the patient's behaviours. While it was confirmed with the manager that this item of furniture was to be replaced, we were informed that this was still outstanding after approximately two months. The manager confirmed following the inspection that replacement furniture had subsequently been ordered and their use would be discussed with the patient's family.

The majority of patients were observed relaxing within communal lounges throughout the day and told us that they were happy with the décor of the home. One smaller lounge is located on the first floor and is decorated in a nostalgic fashion with items such as a writing desk, wireless and telephone. We did observe that one lounge was temporarily locked and being used to store old patient records which were to be archived; the manager provided assurance that these records would be removed urgently so that patients may access the lounge if desired. The need to ensure that rooms are only used for their designated purpose was agreed.

Access to the home is via a set of double doors; entry is gained by use of a push button mechanism while egress is via the use of an electronic keypad. The manager told us that this keypad mechanism had been installed at the end of November 2019 as part of an FSHC group initiative to improve the security of the home. However, feedback from the manager highlighted that this restrictive measure had only been communicated to patients and their families in a piecemeal manner; the inspector was therefore not assured that the introduction of this keypad had been robustly communicated to all patients/families nor evidenced within patients' care plans. The need to ensure that all restrictive practices in place are compliant with the

requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs) was stressed. The manager informed us following the inspection that an electronic keypad is now used for access and egress to/from the home and its use has been communicated to all patients/families as needed with relevant care plans in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision/appraisal and monitoring the professional registration of staff.

Areas for improvement

One area for improvement was highlighted in regard to the notification of incidents.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Staff confirmed that patient care was discussed at the beginning of each shift in the handover report. Staff spoke enthusiastically about working within the home and consistently expressed the importance of providing person centred care and the promotion of independence in a compassionate manner.

Staff who were spoken with stated that if they had any concerns they could raise these with the nurse in charge and/or the manager.

A review of patients’ care records evidenced that nursing staff had regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

We reviewed the care records for one patient who was assessed as being at risk of displaying behaviours which staff may find challenging. It was positive to note that a detailed and person centred care plan was in place; this provided staff with a clear and meaningful understanding of what behaviours may be displayed by the patient in conjunction with which effective measures staff could implement to help deescalate such behaviours and calm the patient. Records confirmed that relevant risk assessments and care plans were kept under regular review by staff.

However, observation of this patient prior to lunch highlighted that their clothing was stained by food. Feedback from staff highlighted that assisting the patient with changing their stained clothing was delayed due to a presumption by staff that the patient may become physically/verbally aggressive if disturbed. The need to ensure that patients are assessed and assisted by staff in a person centred, proactive and timely manner was stressed. An area for improvement was made.

We also reviewed the care records for one patient who was assessed as being at risk of falling. Comprehensive and person centred risk assessments and care plans were in place and kept under regular review. However, there was no record of any neurological observations having been obtained by staff following one incident of the patient falling. Discussion with nursing staff and review of the care records also highlighted that there was a delay in staff commencing such observations on another occasion. Feedback from nursing staff further highlighted an inconsistent understanding of the home's policy/procedure with regard to post falls management, specifically, the monitoring of patients' neurological status. An area for improvement was stated for a second time.

Care records for one patient who required assistance with being repositioned were also reviewed. It was positive to note that supplementary care records provided assurance that staff were providing such assistance in a timely and consistent way.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the repositioning of patients.

Areas for improvement

A new area for improvement was made in regard to the management of behaviours which staff may find challenging. An area for improvement in regard to post falls management was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Throughout the inspection, staff interactions with patients were observed to be compassionate, and caring. The manager displayed a thorough understanding of the need to ensure care delivery in a safe and effective manner.

Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients told us:

- "The staff are kind."
- "Staff are very attentive ... engaging."
- "Food is excellent."

Feedback from patients’ relatives was equally positive concerning care delivery within the home; comments included:

- “I think (the home) is great ... I know the manager who is very easy to talk to and deal with.”
- “The staff are very good ... Michelle (manager) is always approachable.”

Engagement with relatives was discussed with the manager as it was noted that the provision of relatives’ meetings was inconsistent. The manager agreed to convene a relatives’ meeting following the inspection in order to promote their participation and involvement in the life of the home. The manager further agreed to ensure that such a meeting will be held periodically on an ongoing basis.

The home employs two Personal Activity Leaders. While both PALs work collaboratively within the home, one focuses on those patients living within the Featherstone unit while the other PAL primarily engages with the remaining patients in the home. Observation of both PAL staff evidenced a consistent and effective commitment to communicating with patients in an enthusiastic, compassionate and respectful manner. Patients within the Featherstone unit were observed on several occasions enjoying activities with the PAL such as dancing, singing and chatting. One of the PAL staff stated that they felt “well supported” in their role by the manager. PAL staff also attend a quarterly regional meeting with PAL staff from other FSHC nursing homes to exchange ideas.

A mid-morning and mid-afternoon tea trolley is provided to patients throughout the home. Patients were observed enjoying a cup of tea and snack while socialising with other patients/staff or visitors. The need to ensure that staff sit alongside patients when assisting them to eat/drink was stressed; such an approach helps to ensure that such interaction is conducted in a dignified, discreet and respectful manner. It was also agreed that staff should remain vigilant to ensure that any foodstuff around patients’ mouths/clothing is attended to in a prompt way.

We received six completed patient/relative questionnaires following the inspection; one of these was completed by a patient’s relative while the rest did not indicate the identity of the person completing them. All respondents expressed a high level of satisfaction with the delivery of care within the home. Questionnaire comments received were shared with the manager following the inspection, as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of activities to patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 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.

At present, the home is managed by an acting manager. The potential registration of the acting manager with RQIA was discussed both with the manager during the inspection and Elaine McShane, Resident Experience Support Manager, following the inspection. It was agreed that RQIA would be provided with a further update in relation to this matter on an ongoing basis.

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

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.

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 relation to patients' weights, wound care and the use of bedrails.

Several patients who were spoken with stated clearly that if they had a concern they would raise it with staff and/or the manager. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes.

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 Michelle Macmillan, 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 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A supervision session has been completed with all deputy sisters to ensure timely reporting of notifiable incidents..</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 14.6</p> <p>Stated: Second time</p> <p>To be completed by: 13 September 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' neurological observations are obtained and documented in keeping with best practice standards following actual and/or suspected head injuries following a fall.</p> <p>Ref: 6.1 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Management of Falls Training has been arranged for all nurses and will be completed by end of March. A Falls Resource File will be set up and made available in each unit for staff to refer to. HM will monitor this area when reviewing falls in the Home.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are assisted in a timely manner in relation to maintaining their personal appearance and any required change of clothing.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A Supervision session has been completed with all care staff in relation to maintaining dignity of residents at all times.</p>
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Please ensure this document is completed in full and returned via Web Portal



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