

Unannounced Care Inspection Report 11 and 12 January 2017



Carnalea

Type of Service: Nursing Home
Address: 20-30 Crawfordsburn Road, Bangor, BT19 1BE
Tel no: 028 9145 1121
Inspectors: Dermot Walsh and James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Carnalea took place on 11 January from 09.55 to 17.00 hours and 12 January 2017 from 09.45 to 17.35 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2*	6*

*The total number of requirements and recommendations includes one requirement and one recommendation which have each been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Josette Fernandez, Registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Health Care Dr Claire Royston	Registered manager: Josette Fernandez
Person in charge of the home at the time of inspection: Josette Fernandez	Date manager registered: 8 February 2016
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI A maximum of 14 persons in category NH-DE located in the Featherstone Wing.	Number of registered places: 73

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- 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 previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 17 patients individually and others in small groups, two patient representatives, six care staff, three registered nurses and two ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- minutes of staff meetings
- a recruitment file
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- Incidents / accidents records
- competency and capability assessment for nurse in charge
- complaints records
- compliments file
- duty rotas for the period 2 to 8 January 2017
- auditing documentation with regards to infection prevention and control (IPC)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector and will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 4 and 5 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: During a review of the environment, compliance with infection prevention and control (IPC) was observed to have been achieved. Isolated issues with IPC were appropriately managed during the inspection.	
Requirement 2 Ref: Regulation 19 (1) (a) Stated: First time	The registered person must ensure that fluid balance charts are recorded accurately and include any volume of supplement drinks consumed by the patient.	Partially Met
	Action taken as confirmed during the inspection: Supplementary drinks had been appropriately recorded on fluid balance charts in two units within the home. However, supplementary drinks had not been included within a patient's fluid balance chart within the third unit. This requirement has not been fully met and will be stated for the second time.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: First time	The registered person should ensure that any staff member assisting patients with their meals will have had appropriate training completed prior to undertaking the task.	Met
	Action taken as confirmed during the inspection: All staff assisting patients with their meals had received adequate training.	

<p>Recommendation 2</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure 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>Action taken as confirmed during the inspection: Monthly IPC audits had been conducted and recorded appropriately.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 4 Criteria (5) (6) (11)</p> <p>Stated: First time</p>	<p>The registered person should ensure that care records evidence patients and/or their representatives' involvement in the care planning of the patients care to meet their needs. If this is not possible the reason should be clearly documented within the care record.</p> <p>Action taken as confirmed during the inspection: Three patient care records reviewed evidenced patient and/or their representative involvement in the care planning process through either signed care plan agreement forms or individual signatures on assessments and care plans.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person should ensure that holistic assessments of patient need, inform the care plans and where the assessment of need changes, the care plan is amended/renewed to reflect the change.</p> <p>Care plans not reflective of current care needs should be discontinued.</p> <p>Action taken as confirmed during the inspection: A review of two patient care records evidenced that this recommendation had not been fully met. See section 4.3.3 for further information.</p> <p>This recommendation has not been fully met and will be stated for the second time.</p>	<p>Partially Met</p>

Recommendation 5 Ref: Standard 41 Stated: First time	The registered person should ensure that all staff have an opportunity to attend staff meeting on a quarterly basis.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of minutes of staff meetings evidenced this recommendation has been met.	

4.3 Inspection findings

4.3.1 Staffing

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. A review of the staffing rota from 2 to 8 January 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. However, two respondents within patients' questionnaires indicated that they did not feel there was sufficient staff available to care for them.

4.3.2 Care Practices

The serving of lunch was observed in the ground floor dining area. Inappropriate music was playing in the background at the commencement of lunch. Lunch in the home was well supervised. Food was served when patients were ready to eat or be assisted with their meal. Staff were observed encouraging patients with their meal and offering alternatives to patients who did not appear to enjoy the meal which they were given. Condiments were available on tables. Patients wore appropriate clothing protectors were necessary and staff wore aprons when serving and assisting with meals. All patients were observed to be drinking milk with their meal. Staff were aware of special dietary requirements of patients.

Discussion with patients following the mealtime evidenced some patients' dissatisfaction with the meals provided. For example, some patients were of the opinion that the food was cold when they received it. There was evidence that a food questionnaire provided by the home had been completed by 11 patients on 16 November 2016. However, there was no evidence of any actions taken in response to the comments made on the completed questionnaires. This was discussed with the registered manager and a recommendation was made to review meals and mealtime experience to ensure that these are in accordance with the DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance.

During a review of the environment patients were observed sitting in a lounge in the Featherstone unit. The lounge was warm and comfortable. However, the patients were not observed as having direct access to fluids if they wished to have a drink within the lounge. This was discussed with the registered manager and a recommendation was made to review the availability and accessibility of drinks in the lounge for patients placed there at any time of the day.

Discussion with the registered manager confirmed that only registered nurses in the home initiated cardio-pulmonary resuscitation (CPR) in the event of a cardiac arrest. This was concerning given that care assistants in the home receive training in basic life support and that timely intervention with CPR in the event of a cardiac arrest increases the patients' chances for survival. Following the inspection, assurances were provided by the regional manager that all staff trained in CPR could initiate CPR where appropriate.

Consultation with registered nursing staff evidenced that the system in place to communicate information regarding 'do not resuscitate' (DNR) orders was confusing. This was also discussed with the registered manager and a recommendation was made to review how staff were made aware of this information.

4.3.3 Care Records

Three patients' care records were reviewed on inspection. There was evidence of good care planning within the records reflective of patients' assessed needs. However, there was also evidence of conflicting information within two of the care records. For example, one patient diagnosed as diabetic had a care plan directing care to a normal diet. This patient's repositioning regime was documented as two hourly within one care plan and four hourly within a second care plan. There was also conflicting information in regard to the patient's allergy status.

The second patient's dietary care plan identified that the patient was on a normal diet from admission. A speech and language therapist changed the plan of care five months later to a Stage D diet and normal fluids. The care plan was not discontinued and rewritten. A sentence indicating the change was included on the front page of the care plan and within the evaluation of the care plan. The care plan continued to make reference to 'normal diet' throughout. This patient's allergy status was also conflicting within the care records.

These areas were discussed with the registered manager and a recommendation made in the previous inspection has been stated for a second time.

4.3.4 Consultation

On inspection three registered nurses, six carers and two ancillary staff members were consulted to ascertain their views of life in Carnalea. Staff consulted confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Five of the questionnaires were returned within the timescale for inclusion in the report. All respondents indicated that they were either satisfied or very satisfied with care provision.

Some staff comments were as follows:

"It's great. I love it here."

"I'm alright working here."

"Helping the old people is nice."

"I'm happy working here. Feels like home."

"It can be challenging work but I learn a lot here."

"It's ok most of the time."

"I'm happy working here."

On inspection 17 patients were consulted and the patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Nine patient questionnaires were left in the home for completion. All nine patient questionnaires were returned within the timeframe. All respondents indicated that they were either satisfied or very satisfied with the care provided to them.

Some patient comments were as follows:

“It’s great here. Staff are brilliant.”

“Staff are very kind. It couldn’t be better.”

“Can take up to 20 minutes to answer buzzer.”

“It’s a brilliant place and the staff are more than good.”

“Staff are all very kind.”

Two patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Three relative questionnaires were returned. All respondents were either satisfied or very satisfied with the care provided in the home.

Some relative comments were as follows:

“I would recommend this place to anyone.”

“I’m always made to feel comfortable when I come in here.”

4.3.5 Environment

A review of the home’s environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. Clutter was observed at the bottom of a stairwell on the first day of the inspection. This was discussed with the registered manager and the clutter was cleared the same day. This will be reviewed on the next inspection. Fire exits and corridors were maintained clear from clutter and obstruction. The home was generally compliant with infection prevention and control measures. Isolated issues with IPC were managed immediately when identified on inspection.

A door leading to the nurses’ office in the Featherstone unit was observed to have been wedged open. This was discussed with the registered nurse who confirmed that the door was maintained open so that they could hear if patients were calling and also if patients wished to enter the office and sit with the registered nurse. This was discussed with the registered manager and a recommendation was made to ensure that a magnetic lock, or a device with a similar function, was applied to the identified door to facilitate safe and healthy working practices within the home.

During a review of the environment the inspectors identified four separate areas where patients would have had access to harmful chemicals. This was discussed with the registered manager and a requirement was made to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered too. The areas identified on inspection were addressed on the day of inspection.

4.3.6 Staff Training

Discussion with staff and the registered manager and a review of training records confirmed that the majority of staff were compliant with mandatory training requirements. However, three staff consulted were of the opinion that basic life support training and first aid training provided through electronic learning was not effective in that they would not be confident when required to perform CPR or other first aid requirements. Staff consulted were of the opinion that they would benefit from practical training in these areas as this would allow for questioning and clarification on any area/s of confusion. This was discussed with the registered manager and a recommendation was made.

Areas for improvement

Areas for improvement were identified on food and fluid provision, resuscitation, staff training and safe and healthy working practices.

Number of requirements	1	Number of recommendations	6
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Josette Fernandez, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 13 January 2017</p>	<p>The registered person must ensure that fluid balance charts are recorded accurately and include any volume of supplement drinks consumed by the patient.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: An up to date list of residents on prescribed supplements and on fluid balance monitoring is now situated at each Nurses Station and discussed with staff at shift handover . All fluid balance charts are now accurately completed; robust monitoring of clinical charts is carried out by the nurse in charge of each shift and spot checked by the Registered Manager</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: 13 January 2017</p>	<p>The registered person must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 4.3.2</p> <p>Response by registered provider detailing the actions taken: Correct storage of all cleaning chemicals was immediately addressed during the inspection. Keypad locks were fitted to domestic store room doors on day 2 of the inspection. COSHH legislation and compliance reinforced to staff. This will be monitored through spot checks.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered person should ensure that holistic assessments of patient need, inform the care plans and where the assessment of need changes, the care plan is amended/renewed to reflect the change.</p> <p>Care plans not reflective of current care needs should be discontinued.</p> <p>Ref: Section 4.2, 4.3.3</p> <p>Response by registered provider detailing the actions taken: The care plan for the particular identified resident is now updated and amended. Staff supervision on care file documentation has been carried out with all Registered Nurses. Resident care file audits continue and any actions required are discussed with the Unit Sisters to disseminate to the remainder of staff.</p>

<p>Recommendation 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2016</p>	<p>The registered manager should review the mealtimes for patients across all meals to ensure that it is in keeping with the DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance.</p> <p>Ref: Section 4.3.2</p>
<p>Recommendation 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2016</p>	<p>Response by registered provider detailing the actions taken: The mealtimes for patients has been reviewed. The Quality dining audit and food audits have been completed and reviewed with the Chef Manager. An action plan is in place and will be discussed at planned kitchen staff meeting.</p> <p>The registered manager should review the availability of fluids in the identified area to allow patients the choice to have fluids when they wish.</p> <p>Ref: Section 4.3.2</p> <p>Response by registered provider detailing the actions taken: Drinks are now more visible and more accessible to residents in the identified area. Staff will continuously monitor the effectiveness of this and will adjust dependant on residents identified needs</p>
<p>Recommendation 4</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2017</p>	<p>The registered person should ensure that the system to communicate patients wishes in regard to resuscitation is reviewed to ensure staffs knowledge of those patients who wish/do not wish to be resuscitated.</p> <p>Ref: Section 4.3.2</p> <p>Response by registered provider detailing the actions taken: All staff in the home are made aware of the DNACPR order during the handover and shift reports. A red dot sticker is placed on the spine of the care file to signify that the resident has a DNACPR order in place. Bank and agency staff are informed of the DNACPR Order during induction to the home</p>
<p>Recommendation 5</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2017</p>	<p>The registered person should ensure a magnetic lock or similar device is applied to the identified door to facilitate safe and healthy working practices within the home.</p> <p>Ref: Section 4.3.5</p> <p>Response by registered provider detailing the actions taken: The door releasing unit has been requested for the identified office in Fetherston. We are awaiting a date for fitting from Engineer.</p>

<p>Recommendation 6</p> <p>Ref: Standard 39 Criteria (7)</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2017</p>	<p>The registered person should ensure that basic life support training and first aid training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.</p> <p>Ref: Section 4.3.6</p> <hr/> <p>Response by registered provider detailing the actions taken: On completion of both modules on E learning staff will evidence their knowledge and understanding by completing Performance based assessment workbooks. Practical sessions on CPR will also be held.</p>
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