

Unannounced Care Inspection Report 12 and 13 June 2017



Carnalea

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

www.rgia.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.

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 persons.

3.0 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: 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.	Number of registered places: 73 with a maximum of 14 persons in category NH-DE located in the Featherstone Wing.

4.0 Inspection summary

An unannounced inspection took place on 12 June from 09.15 to 16.30 and 13 June 2017 from 09.30 to 16.00.

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.

Evidence of good practice was found in relation to recruitment procedures; staff training; governance arrangements for the management of staff and engagement with patients and their representatives.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations; care planning and review of patients' fluid intake. Areas for improvement under standards included the internal environment of the home and the dining experience of patients.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	3*	2

*The total number of areas for improvement includes one under regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent inspection dated 11 and 12 January 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 11 and 12 January 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

The inspector met with eight patients, 10 staff, and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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 5 June to 18 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 for the period 2016/17
- incident and accident records
- two staff recruitment and induction files
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 and 12 January 2017

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

6.2 Review of areas for improvement from the last care inspection dated 11 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (1) (a) Stated: Second time	The registered person must ensure that fluid balance charts are recorded accurately and include any volume of supplement drinks consumed by the patient.	Met
	Action taken as confirmed during the inspection: A review of one patient's supplementary fluid balance charts for a period of one week evidenced that they had been completed accurately by staff. It was further noted that nursing staff did not document what action was taken when the patient's daily fluid 'target' was not met. This matter is discussed further in section 6.5 and an area for improvement under the regulations has been identified.	
Area for improvement 2 Ref: Regulation 14 (2) (a)(c) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: During a review of the environment the inspector identified two separate areas where patients could potentially have had access to harmful chemicals. This is discussed further in section 6.4. This area for improvement has not been met and has been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of care records for three patients evidenced that care plans were reflective of assessed need. Care plans were found to be accurate and up to date.</p>	
Area for improvement 2 Ref: Standard 12 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and patients evidenced that the views and preferences of patients in relation to meals were sought and used when formulating menus in keeping with the DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance. The safe transport of meals outside designated dining areas is further discussed in section 6.4 and has been identified as an area for improvement under standards.</p>	
Area for improvement 3 Ref: Standard 12 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>All communal areas were observed to contain suitable fluids for the hydration and comfort of patients.</p>	

Area for improvement 4 Ref: Standard 33 Stated: First time	<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>Action taken as confirmed during the inspection: Discussion with the registered manager and nursing staff along with a review of care records confirmed that an identified system was in place which clearly and effectively identified patients' wishes in relation to resuscitation.</p>	Met
Area for improvement 5 Ref: Standard 47 Stated: First time	<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>Action taken as confirmed during the inspection: Observation of the identified area evidenced that an appropriate locking mechanism was now in place to facilitate safe and healthy working practices within the home.</p>	
Area for improvement 6 Ref: Standard 39 Criteria (7) Stated: First time	<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>Action taken as confirmed during the inspection: Discussion with the registered manager and nursing/care staff confirmed that basic life support training and first aid training was currently provided through electronic learning and that staff spoken with expressed confidence in the effectiveness of such training.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 5 June to 18 June 2017 evidenced that the planned staffing levels were generally adhered to. It was evident that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

A review of documentation confirmed that any potential safeguarding concerns reported to the registered manager were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home. During the inspection, a member of staff did disclose a potential safeguarding incident to the inspector which had been allegedly witnessed several weeks prior to the inspection. This matter was immediately brought to the attention of the registered manager who was asked to formally report the incident to the relevant bodies without delay. The importance of all staff reporting safeguarding concerns immediately was emphasised and should be highlighted to staff regularly. All other staff members spoken with throughout the inspection clearly demonstrated knowledge of their specific responsibilities in relation to adult safeguarding.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff generally demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, a number of weaknesses relating to the environment were identified. Vinyl flooring in one bathroom was damaged. A number of chairs in a communal lounge on the first floor were found to be significantly torn and frayed exposing underlying material. Additionally, a door leading to the designated smoke room on the first floor and a door leading to a communal bathroom on the ground floor were observed to be damaged thereby exposing underlying wood. Consequently, these aforementioned areas could not be effectively cleaned in keeping with infection, prevention and control (IPC) best practice standards and guidance. These deficits were discussed with the registered manager who acknowledged that these areas required attention. An area for improvement under standards was identified.

During a review of the environment the inspector further identified two separate areas where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation in relation to The Control of Substances Hazardous to Health (COSHH) regulations was stated for a second time. The two areas identified were addressed on the day of inspection.

While observing the provision of the lunch time meal to patients it was observed that some staff brought meals out of the first floor dining room without appropriate food covers to patients who chose to eat in their bedrooms. This was discussed with the registered manager and the importance of staff adhering to best practice guidelines was discussed. An area for improvement under standards was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements for the management of staff; fire safety practices and promoting a culture of teamwork within the home.

Areas for improvement

Areas for improvement were identified under standards in relation to the internal environment of the home in compliance with IPC standards and best practice; and the provision of meals to patients.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

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. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was effective teamwork within the home with each permanent staff member knowing 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.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly and that minutes were generally available with the exception of minutes for a patient/relative meeting conducted in February 2017. The registered manager agreed to ensure that the minutes were made available.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, dieticians and speech and language therapists (SALT).

Three patients' care records were reviewed. One patient's care records evidenced that while care planning was in place to prescribe nursing care, none of the care plans reviewed showed evidence of any collaboration with either the patient and/or their representative in order to ensure a patient centred approach to care. A second patient's care records further evidenced that care plans were not commenced until nine days following admission. These findings were discussed with the registered manager and identified as an area for improvement under regulations. A third patient's supplementary fluid balance records were also reviewed. While the majority of supplementary records were found to have been completed accurately by staff it was found that on four separate occasions there was no corresponding documentation within the care records of any action taken by nursing staff when the patient failed to achieve an identified fluid intake target. This was discussed with the registered manager and identified as an area for improvement under regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to multidisciplinary team working; communication between staff and the provision of staff meetings.

Areas for improvement

Two areas for improvement under the regulations were identified in relation to care planning and review of patients' fluid intake.

	Regulations	Standards
Total number of areas for improvement	2	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. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"Nurses look after me well."

"No complaints about the place at all."

"Nurses are very good."

"I'm well looked after."

Staff demonstrated a good 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 and confidentiality.

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. One staff member was observed standing in a communal lounge using their mobile phone in front of patients. This was discussed with the registered manager and it was agreed that staff should refrain from such activity while on duty in accordance with the organisation's own policy.

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

Discussions with staff provided evidence of good staff morale and a clear sense of teamwork with several staff stating that they considered the manager to be supportive and approachable.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report five patients; three staff and six relatives had returned their questionnaires. All respondents stated that they were either 'Very satisfied' or 'satisfied' with the care being provided.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining areas on the ground and first floor appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment.

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 and staff interaction with patients.

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.

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.

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

Discussion with the registered manager and review of the home's complaints records 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. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

Discussion with the registered manager and 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 accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents and accidents. Quality of life (QOL) audits were also completed daily by the registered manager.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements for quality assurance and service delivery; management of complaints and incidents and monthly monitoring.

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 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 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.

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time To be completed by: With immediate effect	<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 6.4</p>
	<p>Response by registered person detailing the actions taken: All cleaning chemicals are now securely stored in designated areas in keeping with COSHH legislation. Home Manager, Unit Sisters and Housekeeper will monitor the storage of all cleaning chemicals on a daily basis.</p>
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 4 July 2017	<p>The registered provider must ensure that the patients' care plans are written in a timely manner and that they evidence collaboration with the patient and/or their representative as appropriate.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff Supervision has been carried out with all Registered Nurses in relation to the timely completion of care plans and also that care plans evidence collaboration with the resident and/or representative. The Unit Sisters and Home Manager will monitor by way of a care file matrix to ensure care plans are written and amended in timely manner, as well as evidencing collaboration with the resident/representative..</p>
Area for improvement 3 Ref: Regulation 13 (1) Stated: First time To be completed by: With immediate effect	<p>The registered provider must ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so, specifically relating to patients' fluid intakes.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff Supervision has been carried out with all Registered Nurses in relation to reviewing resident's needs in a timely manner and ensuring that the resident's needs are revised at any time when it is necessary to do so, specifically relating to fluid intakes. The Registered Nurses have been advised to ensure fluid totals are calculated on fluid balance booklets, transferred onto progress notes with action taken recorded where necessary. The Unit Sisters and Home Manager will monitor Fluid Balance Booklets and total fluid intakes on at least a daily basis.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 4 July 2017	The registered person shall ensure that the home environment is well maintained and fit for purpose, specifically in relation to those areas identified on inspection. Ref: Section 6.4
	Response by registered person detailing the actions taken: Flooring has been approved - work to be completed in August All identified chairs in the first floor lounge have been replaced in July Identified areas doors have been repaired by using PVC panels. .
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 4 July 2017	The registered persons should ensure that all meals are appropriately covered by staff when being brought from the dining room to patient bedrooms. Ref: Section 6.4
	Response by registered person detailing the actions taken: All meals are now appropriately covered as and when necessary, additional plate covers have been purchased. Unit Managers and Home Manager will continue to monitor this area.

****Please ensure this document is completed in full and returned via Web Portal****



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews