



# Unannounced Care Inspection Report 17 November 2020



## Carnalea

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

[www.rqia.org.uk](http://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 nursing home registered to provide nursing care for up to 73 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care (FSHC)	<b>Registered Manager and date registered:</b> Josette Fernandez 08 February 2016
<b>Responsible Individual(s):</b> Dr Maureen Claire Royston	
<b>Person in charge at the time of inspection:</b> Josette Fernandez	<b>Number of registered places:</b> 73  A maximum of 14 persons in category NH-DE located in the Featherstone Wing
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  50

### 4.0 Inspection summary

An unannounced inspection took place on 17 November 2020 from 08.45 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection assessed progress with all 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.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- Staffing
- infection prevention and control (IPC) and personal protective equipment (PPE)
- the environment
- care delivery
- care records

- dining experience
- governance and management arrangements.

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
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Josette Fernandez, 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with ten patients, and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rota from 9 November to 29 November 2020
- four care records
- six supplementary records
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- governance audits
- the minutes of staff meetings
- the certificate of registration.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection dated 6 January 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 6 January 2020

No further actions were required to be taken following the most recent inspection on 6 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (d)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of all accidents, incidents and notifications since the previous inspection confirmed that any event in the nursing home which adversely affects the wellbeing or safety of any patient had been reported to RQIA.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.6  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records and discussion with the manager confirmed that written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records of patients that had fallen recently confirmed that neurological observations were obtained and documented in keeping with best practice standards following actual and/or suspected head injuries.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 26  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A tour of the environment and observation of care delivery confirmed that patients are assisted in a timely manner in relation to maintaining their personal appearance and any required change of clothing.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 9 to 29 November 2020 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the Covid-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of team work in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- "I was off for a week and really missed the patients."



- “We are happy here. It is a good place to work.”
- “There is a good atmosphere in this home and we feel we get good support from management.”

### **6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)**

We were advised that during the current pandemic all patients and staff had their temperature taken twice daily. PPE supplies and hand sanitisation was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. The infection prevention and control audits were all completed and staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home.

### **6.2.3 Care Environment**

Patients spoken with confirmed they were happy with the home environment. The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual patients. However a number of toilet/shower doors were either damaged or could not be locked. This has been identified as an area for improvement.

### **6.2.4 Care delivery**

We observed staff practice in the home and interactions with patients' were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients' were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients' were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients' appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- “I am more than content. Everything is hunky dorey.”
- “The attention to detail from staff here is excellent.”
- “It's difficult to deal with not getting as many visits now.”

### **6.2.5 Care records**

Four care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to care following a fall or suspected head injury, epilepsy, diabetes and hyponatremia. The care records included all relevant information and evidenced regular review and evaluation.

### 6.2.6 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the Covid-19 pandemic. A number of patients made their way to the dining room for lunch; others were provided with lunch in their bedrooms or the lounge areas. Review of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet. Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day. We observed that the trolleys in the dining room used to transport the food had seen better days. Rust was observed at the wheel areas so they could not be adequately cleaned. This is stated as an area for improvement.

### 6.2.7 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from the previous care inspection in January 2020 to October 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports.

We reviewed the minutes of staff meetings, we were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

### Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

### Areas for improvement

Areas for improvement was identified in relation to repairing the locks and doors in specified toilets and shower rooms and replacing the trolleys in the dining room

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2



### 6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs. PPE was appropriately worn by staff. Two new areas for improvement were identified as outlined in this report.

### 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, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December 2020	The registered person shall ensure that all the identified doors in toilet and shower areas are free from damage and can all be locked.  Ref: 6.2.3
	<b>Response by registered person detailing the actions taken:</b> Identified toilet doors and shower room have been repaired and locks have been replaced.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 45  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December	The registered person shall ensure that all trolleys in the dining area that cannot be adequately cleaned are replaced.  Ref: 6.2.6
	<b>Response by registered person detailing the actions taken:</b> Food trolleys have been replaced.



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care