

Inspection Report

24 June 2021



Carnalea

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Ms Natasha Southall	Registered Manager: Ms Josette Fernandez Date registered: 8 February 2016
Person in charge at the time of inspection: Ms Josette Fernandez	Number of registered places: 73
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 patients accommodated in the nursing home on the day of this inspection: 42
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 73 patients. The home is divided in three units, the Featherstone Unit on the first floor which provides care to patients with dementia and the Frail Elderly Unit and the Enhanced Care Unit which are on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2021, from 9.30 am to 6.30 pm by the care inspector.

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.

It was evident that staff promoted the well-being of patients by providing individualised care and respecting patient choice and preference.

Staff were knowledgeable and showed that they were well trained to deliver safe and effective care.

Areas requiring improvement were identified around infection prevention and control (IPC), preventing hazards in the home and reporting of incidents to RQIA.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Carnalea was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Josette Fernandez, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Three staff and 13 patients were spoken with during the inspection.

Patients said they were well looked after by staff and they got everything they needed. They said staff were lovely and the food was good.

Staff said they had no concerns about the care or safety of patients and were well supported by the manager of the home.

Five patient questionnaires were received and confirmed that they were either very satisfied or satisfied that care was safe, effective, compassionate and well led.

No relative questionnaires and no feedback from the staff online survey were received.

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 November 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall ensure that all the identified doors in toilet and shower areas are free from damage and can all be locked.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. A sample of the locks on bathroom doors examined in each unit did not lock.	
Area for improvement 2 Ref: Standard 45 Stated: First time	The registered person shall ensure that all trolleys in the dining area that cannot be adequately cleaned are replaced.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Recruitment documents examined had been fully and safely completed. Staff also confirmed they received an in-depth induction to prepare them to provide care for patients. This was confirmed on review of a sample of the induction records for new staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed they had received training in dementia care and food safety which was evident in the staff training records.

Staff said that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The rota identified a recent increase in staffing levels which the manager confirmed would be kept under review based on the care needs of the patients.

Staff told us that there was enough staff on duty to meet the needs of the patients.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, patients had a lie in when requested or spent their time in their room reading if preferred.

It was observed that staff responded to requests for assistance promptly in a kind and caring manner. Staff told us that the patients' needs and wishes were very important to them and they spent time to assist them with their preferred daily activities.

Patients said staff were always around if you needed them and were quick to get you anything you needed. Patients were confident in the staffs' ability to provide care and give them attention when needed.

There were safe systems in place to ensure staff were recruited and trained properly; and that patient' needs were met by the number and skill of the staff on duty.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Patients were spoken to in a calm and friendly tone to prevent stress or anxiety and actions were explained before being carried out.

The use of equipment which can be considered to be restrictive may be required at times. For example, bed rails, lap belts or alarm mats. It was established that safe systems were in place to manage this aspect of care.

A meeting was held at the start of each shift for staff to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required, nursing staff consulted the tissue viability specialist nurse (TVN) and followed the recommendations they made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and crash mats. There was evidence of best interest discussions and consent for the use of preventative measures.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed. Staff were knowledgeable about the individual needs of patients who were at risk of falling and the measures they had in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

It was evident that delivery of care was of a high standard and records of individual patient care needs, preferences and daily updates were maintained.

5.2.3 Management of the Environment and Infection Prevention and Control

The home's environment was generally clean and tidy and well maintained. For example; patients' bedrooms were personalised with items important to them such as photos and memorabilia. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where they wished to spend their day and where they preferred to eat their meals. Staff were observed supporting patients to make these choices.

The doors of patient's bedrooms had photographs and reminders of their life story. A sitting room had been thoughtfully decorated to reflect the era patients lived through and reflected their own home décor.

It was also noted that meals on trays were not covered when taken to patients' rooms, equipment was stored inappropriately in bathrooms, repair or replacement was required to torn chairs, chipped sink surrounds, rusted radiators, a side table in disrepair, a rusted shower chair and broken bathroom tiles. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that visiting was taking place following the most recent guidelines from the Department of Health (DOH). Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

A treatment room door was unlocked, a trolley containing cleaning chemicals was unattended and fluid thickening powder was observed in an unlocked drawer. This was brought to the attention of staff and removed immediately and the treatment room door was locked. An area for improvement was identified.

Patients said they were happy with the décor and cleanliness of the home and that staff kept the home immaculate. Staff said they had no concerns about cleanliness in the home.

Generally the home was clean and well decorated however; addressing the areas identified as requiring improvement will ensure the environment and IPC is well maintained on a daily basis.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day and for those patients who could not voice their preferences staff, who were familiar with their daily routine, assisted them to make these decisions. For example, patients could have a lie in or spend time in the communal areas and enjoy the company of other patients.

The manager told us there were no regular patient meetings to provide an opportunity for patients to comment on aspects of the running of the home. Following discussion, the manager agreed this would be beneficial to the patients and will arrange regular patient meetings.

A choice of snacks and drinks were offered to patients throughout the day including; fruit, biscuits, yoghurts, tea and juice or milk.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and chatted about daily life in the home while their meal was provided.

Staff had made an effort to ensure patients were comfortable and had a meal that they enjoyed. The menu displayed did not reflect the up to date meal choices for patients. This was discussed with the manager who agreed to make sure the menu was updated daily.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Patients said the lunch meal was lovely and they always got what they needed. Patients thanked staff and complimented the food saying it was warm and tasty.

There was a range of activities provided for patients by staff. Patients were observed enjoying a game of armchair football with lots of cheers and laughter from both patients and staff.

Staff were aware of the importance of maintaining good contact with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients with phone calls and contacting their families. Visiting and care partner arrangements were in place with positive benefits to the wellbeing of patients.

There were systems in place to support patients to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Josette Fernandez has been the manager in this home since 8 February 2016.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was confirmed that the manager had a system in place to monitor accidents and incidents that happened in the home, however, not all incidents were notified, if required, to RQIA. This was discussed with the manager and an area for improvement was identified.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would respond to these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

There were systems in place to monitor the quality of care and services provided and ensuring that all notifiable incidents in the home are reported to RQIA will drive improvement in the home.

6.0 Conclusion

Patients looked well cared for and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The manager was available to offer staff and patients support when required.

Based on the inspection findings four areas for improvement were identified. Three were in relation to safe and effective care and one was in relation to the service being well led – details can be found in the Quality Improvement Plan (QIP).

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	1*

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

Areas for improvement and details of the Quality Improvement Plan were discussed Josette Fernandez, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: 31 July 2021	The registered person shall make arrangements to minimise the risk of infection. This is in relation to: <ul style="list-style-type: none"> • equipment inappropriately stored in bathrooms • torn chairs, chipped sink surrounds, rusted radiators • a damaged side table, a rusted shower chair and broken bathroom tiles. Ref: 5.2.3
	Response by registered person detailing the actions taken: All items stored inappropriately in the bathrooms were removed immediately. Torn chairs, damaged side table and rusted shower chairs were disposed and replacement obtained. Maintenance Man had addressed the rusted radiators, broken bathroom tiles and chipped sink surrounds.
Area for improvement 2 Ref: Regulation 14(2)(a)(c) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure all areas of the home which patients have access to are free from hazards including cleaning chemicals, access to the treatment room, and fluid thickening powders. Ref: 5.2.3
	Response by registered person detailing the actions taken: Keypad lock mechanism in Treatment rooms checked and staff to ensure latch is engaged when door is being closed. Domestic staff supervision done to keep cleaning trolley with chemicals in lockable areas when attending to other tasks like using hoover or shampooer.
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that all notifiable events are reported to RQIA appropriately and in a timely manner. Ref: 5.2.5
	Response by registered person detailing the actions taken: Reviewed all incidents from April to June for any missed notifications; delayed notifications for the 3 identified incidents submitted. Supervision on RQIA Notification Guidance done to all Registered Nurses and reminded Deputy Managers and Unit Sister to submit notification in timely manner.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 43 Stated: Second time To be completed by: 31 July 2021	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: 5.1
	Response by registered person detailing the actions taken: All identified toilet and shower door locks were checked and repaired. Regular checks included during daily walkabout.

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



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