Unannounced Care Inspection Report
07 & 08 October 2020

Carryduff Nursing Home

Type of Service: Nursing Home (NH)
Address: 19 Church Road, Carryduff, BT8 8DT
Tel no: 028 9081 4862
Inspector: Sharon McKnight and Joseph McRandle

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 23 persons.

3.0 Service details

Organisation/Registered Provider: Carryduff Nursing Home **Responsible Individuals:** Edwin Samuel Johnston Gerald William Beattie	**Registered Manager and date registered:** Louise Riley - registered from 10 May 2019
Person in charge at the time of inspection: Louise Riley	**Number of registered places:** 23
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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:** 20

4.0 Inspection summary

An unannounced inspection took place on 7 & 8 October 2020 from 11:40 to 16:30 hours. The supporting finance inspection took place on 8 October 2020 from 11.00 hours to 12.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection was undertaken in order to determine if the areas identified for improvement at the last care and finance inspections had been implemented and sustained.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and governance.

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and the introduction of the care partner initiative.

Areas for improvement were identified with the setting of pressure relieving mattresses, completion of food and fluid charts and the report of the monthly monitoring visits.

Patients told us they were happy living in the home. Examples of comments received are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	**0**	**3**

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Louise Riley, manager and Linda Graham, regional 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 returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rota for the week commencing 28 September and 5 October 2020
- care records for four patients including supplementary care charts, for example food and fluid intake and repositioning
- record of accidents
- record of audits
- monthly monitoring reports for the period January to August 2020
- three patients' finance files
- a sample of financial records including patients' personal allowance monies, payments to the hairdresser and podiatrist, monies deposited on behalf of patients and records from patients' comfort fund monies
- a sample of records of patients' personal property.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12.11 **Stated:** First time	The registered person shall ensure that the number of staff on duty at the evening meal is reviewed to ensure that patients receive their meals and any assistance they require in a timely manner.	**Met**
	Action taken as confirmed during the inspection: The manager confirmed that a review of the patients' dependencies and the working practices were reviewed following the previous inspection to ensure that patients received assistance with their meals in a timely manner. Due to the current pandemic working practices had also been reviewed again. No concerns regarding mealtimes were observed, or raised by staff or patients, during this inspection.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 14.9 **Stated:** First time	The registered person shall ensure that persons making a deposit of personal monies for patients' expenditure receive a receipt on each occasion. Best practice would dictate that receipts are signed by the person receiving the money and by the person making the deposit (or failing this, two members of staff).	**Met**
	Action taken as confirmed during the inspection: A review of a sample of records of monies deposited at the home on behalf of two patients showed that receipts were available for each of the transactions. The receipts were signed by two members of staff. This area for improvement had been met.	
Area for improvement 2 **Ref**: Standard 14.10 **Stated:** First time	The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions in the patient comfort fund records. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the cash total held; and the signatures of two persons able to verify the entry on the ledger.	**Met**
	Action taken as confirmed during the inspection: A review of records evidenced that a revised system for recording transactions from the patients' comfort fund had been implemented following the last finance inspection. The details recorded included the date, amount and description of the transaction; whether the entry was a lodgement or withdrawal and the running balance of the cash total held. Each entry reviewed was signed by two members of staff. This area for improvement had been met.	

Area for improvement 3 **Ref**: Standard 14.13 **Stated:** First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.	**Met**
	Action taken as confirmed during the inspection: A review of a sample of records of payments to the hairdresser and podiatrist evidenced that the records were signed by both the hairdresser and the podiatrist. The records were also signed by a member of staff to confirm that the treatments took place and the cost of each treatment. This area for improvement had been met.	
Area for improvement 4 **Ref**: Standard 14.26 **Stated:** First time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	**Met**
	Action taken as confirmed during the inspection: A review of two patients' property records evidenced that the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015). The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff. This area for improvement had been met.	

Area for improvement 5 **Ref**: Standard 14.6, 14.7 **Stated:** First time	The registered person shall ensure that the following records are updated: • personal monies authorisations providing authority for the home to make purchases of goods or services • authority for specific financial arrangements in place for all relevant patients. Evidence should be available to confirm that there is authority from the patient/their representative/ HSC trust care manager (where relevant) for the detailed arrangements.	**Met**
	Action taken as confirmed during the inspection: A review of three patients' files evidenced that financial assessment forms authorising members of staff at the home to undertake transactions on behalf of patients were retained within all three files. The forms were signed by the patients' representatives and a representative from the home. Discussion with staff and a review of records confirmed that other than undertaking purchases and paying for additional services on behalf of patients, no other financial arrangements were in place for patients. This area for improvement had been met.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty. Patients told us staff were attentive to their needs; no concerns regarding staff were raised by patients.

Staff spoken with displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, patients and relatives.

Arrangements were in place to ensure that newly appointed staff received training, including practical manual handling training, as part of their induction to the home.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

6.2.2 Care delivery

We arrived in the home mid-morning. The majority of patients were either being cared for in their individual bedrooms or in the lounge area. Patients were supported by staff to adhere to social distancing. Patients were warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

A number of patients were being nursed in bed. Some patients had pressure relieving mattresses in place which required to be set manually – one was not set accurately in accordance with the patients weight. Systems to ensure that correct setting is maintained must be implemented. An area for improvement has been made. Whilst it was good to note that this issue had been identified during the monthly monitoring visit, effective systems to address the issue had not been implemented.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. One patient told us:

“I’m very comfortable.”

We observed the serving of lunch. Due to the current pandemic the dining rooms were not in use as, given their size, patients would be unable to socially distance. The majority of patients had their meals in their bedroom. A small number of patients had their meal in the lounge on the first floor, where they spent their day. The meals were transported from the kitchen and served from a heated trolley. Patients were assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime. There was a choice of dish at each meal and patients were complimentary regarding the meals provided. Patient weights were monitored at least monthly. There was evidence of referrals to relevant professionals such as dietitians and speech and language therapists (SALT) when required.

We discussed the arrangements for visiting with the manager who explained that visiting was being facilitated in the lounge situated in the front hall of the home. Precautions such as a booking system, completion of a health declaration, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Separate arrangements were in place for patients at end of life.

Systems such as video calls and regular telephone calls to ensure good communications between the home, patient and their relatives were also in place. Patients on the ground floor of the home continued to receive visits through their window from relatives.

The home had care partner arrangements in place for two patients. Prior to the pandemic these relatives played a role in supporting their loved ones at mealtimes. We spoke with one of the relatives who was very supportive of the initiative and grateful to the home for embracing the guidance from the Department of Health which allowed them to continue to support their loved ones on a daily basis. A risk assessment had been completed and a contract was in place detailing the arrangements. The home was commended for their positive approach to this initiative.

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed three patients' care records which evidenced that care plans were person centred and reviewed regularly. Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. Records of what individual patients eat at each meal were completed; however one patients' records were not fully completed and their nutritional and fluid intake was not consistently evaluated in the daily evaluation notes. This was identified as an area for improvement.

We reviewed one patient's needs in relation to wound care. Records confirmed that the wound was dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Records evidenced that staff competencies with the five moments of hand washing, putting on and removing PPE and waste management were completed in May 2020. Hand hygiene audits were completed monthly and evidenced good compliance with best practice.

The manager confirmed that staff and patient temperatures were being checked and recorded a minimum of twice daily. The home was part of the national COVID-19 screening programme for care homes with staff being tested every two weeks and patients being tested monthly. The home had a contingency plan in place for a second surge of COVID-19; the manager confirmed that the plan was reviewed following receipt of any new/updated guidance.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

6.2.6 Leadership and management

There have been no changes to the management arrangements since the previous inspection. The manager continues to be well supported by the regional manager and the registered nurses.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. As previously discussed IPC and environment audits were also carried out monthly.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the pandemic by the regional manager. The reports of the completed visit were available in the home and included an action plan. It was good to note that some of the issues identified during this inspection had been identified in the monthly report however they were not always addressed in a timely manner. We also noted that not all issues discussed throughout the report were included in the action plan; an area for improvement was made. We acknowledged that the delay in addressing some of the issues on the action plan was due to the current pandemic and out of the control of management.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and the introduction of the care partner initiative.

Areas for improvement

Areas for improvement were identified with the setting of pressure relieving mattresses, completion of food and fluid charts and the report of the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	**0**	**3**

6.3 Conclusion

Patients were well cared for, content and settled. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Riley, manager and Linda Graham, regional 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	
Area for improvement 1 **Ref**: Standard 23.5 **Stated:** First time **To be completed by:** Ongoing from the date of inspection	The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately. Systems to ensure that correct setting is maintained must be implemented. **Ref: 6.2.2**
	Response by registered person detailing the actions taken: The Registered Manager has corrected the setting on the one mattress identified in the report. The Registered Manager has implemented a system for staff to check and document on the daily shift handover report. The Registered Manager has oversignt of this sytem and also checks mattress settings on her daily walkaround.
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** Ongoing from the date of inspection	The registered person shall ensure that food and fluid charts are fully completed and patients' nutritional and fluid intake evaluated in the daily evaluation notes. **Ref: 6.2.3**
	Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the importance that food and fluid charts are fully completed and evaluated in the daily care records. The Registered Manager continues to monitor chart recording and will continue to address through supervision sessions with staff any deficits found.
Area for improvement 3 **Ref**: Standard 35.7 **Stated:** First time **To be completed by:** Ongoing from the date of inspection	The registered person shall ensure that all issues identified during the monthly monitoring visit are included in the action plan. Issues on the action plan must be addressed in a timely manner. **Ref: 6.2.6**
	Response by registered person detailing the actions taken: The Registered Manager will ensure all areas identified in the monthly monitoring visit are included in the action plan. The Registered Manager will sign of all issues on the action plans to ensure these are addressed in a timely manner.

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

The Regulation and Quality Improvement Authority

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