



# Unannounced Care Inspection Report 6 March 2019



## Carryduff Nursing Home

Type of Service: Nursing Home  
Address: 19 Church Road, Carryduff BT8 8DT  
Tel no: 02890814862  
Inspector: Sharon McKnight

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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 provider 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 nursing home registered to provide nursing care for up to 23 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carryduff Nursing Home  <b>Responsible Individuals:</b> Edwin Samuel Johnston Gerald William Beattie	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Louise Reilly	<b>Date manager registered:</b> Louise Reilly – acting manager
<b>Categories of care:</b> 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. TI – terminal illness	<b>Number of registered places:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 6 March 2019 from 11:00 to 17:20.

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.

There were examples of good practice found throughout the inspection in relation to the caring attitude of staff and the care delivery.

Areas for improvement were identified with the provision of kitchen staff, food hygiene training, records of meals provided and the décor of one identified shower room.

Patients said they were happy in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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>	1	4

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

## 4.2 Action/enforcement taken following the most recent inspection 11 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 September 2018.

## 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

During the inspection we met with eight patients, two patients' relatives and six staff. Questionnaires were left for distribution to patients and relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the 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:

- duty rota for nursing and care staff for the period 18 February – 10 March 2019
- incident and accident records
- three patients' care records including supplementary care charts of repositioning and food and fluid intake

Areas for improvement identified at the last care inspection 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 the most recent inspection dated 11 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 11 September 2018

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14(2)(c) <b>Stated:</b> First time	The registered person shall ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.  Cleaning chemicals must be stored securely in accordance with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Cleaning chemicals were observed to be stored securely. This area for improvement has been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that duty rotas are accurately maintained to reflect the full name of staff and the actual hours worked.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the duty rotas for the period 18 February – 10 March 2019 evidenced that this area for improvement has been met.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that there is a managed environment that minimises the risk of infection.	<b>Met</b>
	The seal around the plughole in the identified shower room should be repaired and bathrooms and showrooms should be generally decluttered.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> We observed that the identified work has been completed. This area for improvement has been met.	<b>Met</b>
	The registered person shall ensure that care plans are in place to direct the care required for patients with a healthcare associated infection.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time <b>To be completed by:</b> 8 October 2018	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	<b>Met</b>
	The registered person shall ensure that the frequency that settings on pressure mattresses are checked is increased to ensure mattresses are maintained at the correct setting.	
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that the settings on pressure mattresses were checked regularly to ensure mattresses are maintained at the correct setting. This area for improvement has been met.	

## 6.3 Inspection findings

### 6.3.1 Staffing

The manager confirmed the planned daily staffing levels for the home and that staffing levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staff rota for the period 18 February – 10 March 2019 evidenced that the planned staffing levels for nursing and care staff were adhered to.

A review of the rota for kitchen and housekeeping staff evidenced that on two days during the week of the inspection there were no staff rostered for the kitchen from 13:30. This was discussed with the regional manager who explained that this was due to annual leave. There were no additional care staff rostered to accommodate the additional work of serving the evening tea and clearing the dishes. The provision of kitchen staff must be reviewed to ensure there are sufficient staff to meet the needs of the patients and that standards relating to food and meals are fully met. This was identified as an area for improvement. Care staff had not received any training in food hygiene. This was also identified as an area for improvement.

A review of the kitchen cleaning scheduled for week commencing 25 March 2019 evidenced that a number of the duties were not signed as completed. The schedule for week commencing 4 March 2019 had not been completed. Staff spoken with explained that following a recent review of staffing there had been a reduction in the weekly hours of housekeeping staff. Staff were of the opinion that there was insufficient staff to complete all of the daily tasks. No issues were identified with the cleanliness of the home. It was agreed that the manager would keep the provision of housekeeping staff under review to ensure there are sufficient staff to complete the daily duties.

Observation of the delivery of care evidenced that staff attended to patients' needs in a timely and caring manner. We spoke with seven patients individually who all commented positively on the care they received and the caring attitude of staff.

We spoke with the relatives of two patients; no issues were raised with regard to staffing arrangements within the home. Questionnaires were provided for patients and patients' relatives; none were received within the timescale for inclusion in this report. All questionnaire comments received after specified timescales will be shared with the manager for information and action, as necessary.

### **6.3.2 Serving of lunch**

We observed the serving of lunch. Lunch was served in the dining room or brought to patients in the lounge or their bedroom according to personal preference. There was a choice of two dishes at each meal. Staff explained that patients made their selection for each meal the previous day. The serving of lunch was well organised and those patients spoken with all said that they had enjoyed their meal.

There was a choice of two dishes at each meal. Staff explained that patients made their selection for each meal the previous day. The daily menu choice sheet did not indicate which meals were suitable for patients who required to have the consistency of their meal modified; therefore staff were recording "pureed" or "soft" without indicating which actual meal the patient wanted. To ensure that patients who require a modified diet are being provided with choice at each mealtime the meals which can be modified should be clearly identified on the menu choice sheet. This was identified as an area for improvement.

Staff completed individual food and fluid charts for patients which indicated the quantity of the meal consumed but not the nature. Therefore there no records in the home to evidence whether the diet for each patients was satisfactory in relation to nutrition and variety. This was identified as an area for improvement.



### 6.3.3 Care records

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements and a daily record was maintained to evidence the delivery of care. Interventions prescribed were individualised and care records were reviewed regularly.

We reviewed the management of wound care for one patient. Records evidenced regular review by the tissue viability nurse (TVN) and adherence to the dressing regime prescribed.

Supplementary charts, for example food and fluid charts were maintained for patients who were assessed as at risk of malnutrition and/or dependant on staff for assistance with eating and drinking. An evaluation of the patients' appetite and fluid intake was recorded daily in the patients progress notes.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the TVN or the speech and language therapist (SALT).

### 6.3.4 Environment

A review of the home's environment was undertaken and included observations of a number of bedrooms and bathrooms and the lounge and dining room on each floor. The home was found to be warm, fresh smelling and clean throughout.

The floor and general décor in one identified shower room required upgrading to improve the overall appearance of the room. This was identified as an area for improvement.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the caring attitude of staff and the care delivery.

#### Areas for improvement

Areas for improvement were identified with the provision of kitchen staff, food hygiene training, records of meals provided and the décor of one identified shower room.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

## 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 Reilly, 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 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 DHSSPS 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19(2) Schedule 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection</p>	<p>The registered person shall ensure that records are kept of the food provided in sufficient detail to enable any person inspecting it to judge whether the diet for each person is satisfactory.</p> <p>Ref: 6.4.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Acting Manager has addressed with staff their record keeping responsibilities to ensure there is sufficient detail on the food records to show that all meals taken are satisfactory for each resident.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that the provision of kitchen staff is reviewed to ensure that there are sufficient staff to meet the needs of the patients and that standards relating to food and meals are fully met.</p> <p>Ref 6:3</p> <p><b>Response by registered person detailing the actions taken:</b> The Acting manager shall ensure that if the cook is finishing early that an extra member of staff will be rostered to assist with the kitchen duties so that standards relating to food and meals are fully met.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 April 2019</p>	<p>The registered person shall ensure that staff receive food hygiene training.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Acting Manager has organised Food hygiene training for all staff and will ensure all staff attend Food Hygiene Training.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 April 2019</p>	<p>The registered person shall ensure that meals which can be modified are clearly identified on the menu choice sheet to ensure that patients who require a modified diet are being provided with a choice at each mealtime.</p> <p>Ref: 6.4.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 April 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> The Acting Manager has reviewed and revised the daily menu choice sheet to ensure that residents on modified diets receive a choice at each mealtime.</p> <p>The registered person shall ensure that the floor and general décor in the identified shower room are refurbished to an acceptable standard.</p> <p>Ref: 6.4.4</p> <p><b>Response by registered person detailing the actions taken:</b> The identified shower room is to have replacement flooring. The Acting Manager is waiting a date from the estates team in order to ensure the identified shower room is refurbished.</p>

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



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