



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 30 January 2020



Carryduff Nursing Home

Type of Service: Nursing Home
Address: 19 Church Road, Carryduff, BT8 8DT
Tel No: 028 9081 4862
Inspector: Sharon Mc Knight

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 registered nursing home which provides care for up to 23 patients.

3.0 Service details

Organisation/Registered Provider: Carryduff Nursing Home Responsible Individuals: Gerald William Beattie Edwin Samuel Johnston	Registered Manager and date registered: Louise Riley 24 January 2020
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: 19

4.0 Inspection summary

An unannounced care inspection took place on 30 January 2020 from 11.00 hours to 15:30 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 staff's attentiveness to patients, the serving of lunch and the quality of meals prepared and the homely environment.

An area for improvement was identified to review the number of staff available at the time of the evening meal to ensure patients receive their meals, and any assistance they require, in a timely manner.

Patients told us they were happy in the home. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Louise Reilly, registered 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 dated 1 July 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 1 July 2019. This inspection was supported by the pharmacist inspector. 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.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 27 January 2010
- duty rota for catering and housekeeping staff from 6 January to 2 February 2020
- staff training records for food hygiene training
- incident and accident records
- three patient care records including reposition charts
- medicine administration records
- a sample of governance audits/records
- cleaning schedules
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and an assessment of compliance was recorded as either 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

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 27(2)(b) Stated: First time To be completed by: 29 July 2019	The registered person shall ensure that a full audit of the home is carried out which effectively identifies damage to the premises and furniture and that a plan is put in place to address deficits in a timely manner. This plan should be submitted with the returned QIP.	Met
	Action taken as confirmed during the inspection: A full audit of the home was completed and an action plan received by RQIA on 30 September 2019. A review of the environment evidenced that a significant amount of refurbishment work has been completed. Improvements to the environment are discussed further in section 6.2 of this report. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 27(d) Stated: First time	The registered person shall ensure that all areas of the home are thoroughly cleaned and thereafter maintained at an acceptable standard of cleanliness.	Met
	Action taken as confirmed during the inspection: A review of the environment, including the kitchen and laundry, found that the home was maintained to a good standard of cleanliness throughout. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that sufficient housekeeping staff are on duty to maintain the home to an acceptable standard of cleanliness.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that since the previous inspection a housekeeper has been appointed to oversee cleaning and the operation of the laundry. The provision of housekeeping hours was also reviewed by the registered manager to ensure they were sufficient to allow staff time to complete the duties required. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the laundry operates in accordance with regional infection prevention and control measure and best practice guidelines.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We observed that the laundry was well organised, clutter free and clean.</p> <p>An area previously used for storage had been cleared and the tumble dryers relocated to this area to provide a more defined flow of dirty to clean laundry in accordance with good practice in infection prevention and control measures. This area for improvement has been met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that staff receive food hygiene training.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that all staff had received training between April and August 2019. The registered manager confirmed that annual updates were planned. This area for improvement has been met.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records in relation to distressed reactions are reviewed to ensure care plans are in place and the reason and outcome of administering medicines on a “when required” basis is recorded.</p>	<p style="text-align: center;">Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that this area for improvement has been met.</p>	<p style="text-align: center;">Met</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>		<p>The manager must audit the cleaning schedules to ensure they are adhered to and accurately reflect the actual cleaning completed.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement has been met.</p>	<p style="text-align: center;">Met</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>		<p>The registered person shall introduce systems to ensure that equipment is appropriately decontaminated in accordance with best practice with infection prevention and control.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>No issues were identified with the cleanliness of equipment; this area for improvement has been met.</p>	<p>Area for improvement 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the time patients are assisted to reposition is accurately recorded.</p>	
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patients repositioning charts evidenced that generally the precise time of assisting patients was recorded. It was agreed that the registered manager would continue to audit the charts to ensure that the improvements made to date are sustained. This area for improvement has been met.</p>			

Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that the auditing process is further developed to include a re-audit to check that the required improvements have been made.	Met
	Action taken as confirmed during the inspection: A review of audit records evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

The registered manager confirmed the daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the patients and the occupancy of the home. Observation of the delivery of care throughout the morning of the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff interactions with patients were observed to be compassionate, caring and timely. When providing reassurance to patients who were unable to say why they were anxious, we observed staff spend time with the patient in an attempt to find out what they needed.

We spoke with a number of patients, all of whom spoke highly of the staff and their caring attitude. They said:

"The staff are lovely."

"It's a good place."

"I'm very happy."

"They (staff) are more than good."

"The food is lovely, I just have no appetite."

"I have everything I need."

We spoke with the relative of one patient. They were happy with how their loved one was being cared for and described the staff as "friendly." They explained that they visited during most lunchtimes to assist their relative with their meal. They were confident that on days they were unable to visit that staff would provide the care and attention their relative required.

Staff stated there was good team work between the grades of staff and good support from the manager who they described as approachable and readily available to listen. Staff were satisfied that there were sufficient staff in the morning to meet the needs of the patients.

An activity co-ordinator has recently been appointed and is available in the home on two occasions each week. They spoke enthusiastically of the importance of meaningful activities and that they were currently spending time on a one to one basis getting to know the patients and their interests. They explained that they would then use this information to shape the activity programme.

We observed the lunchtime meal. Patients could have their lunch in one of the two dining rooms, the first floor lounge or in their bedrooms depending on their choice or their assessed needs. The lunches were served from a heated trolley; staff explained that they could adjust the portion sizes to meet patient's individual preferences. Staff were well organised and all of the patients received their meals without delay. There was a choice of two main dishes on the menu; staff confirmed that alternative meals were also provided in response to their requests. The meals served appeared appetising and patients were complimentary regarding the homemade nature of the meal.

We noted that lunchtime was busy with a significant number of patients requiring a range of assistance and in addition the patients were located over two floors. In the afternoon the number of staff on duty is reduced. We discussed the serving of the evening meal and how patients' needs were met given that the patients' needs will not change but there are less staff. We also discussed the potential for care staff to have to attend to dishes if the evening meal is not finished before kitchen staff go off duty. The number of staff on duty at the evening meal should be reviewed to ensure that patients receive their meals and any assistance they require in a timely manner. This was identified as an area for improvement.

6.2.2 Management of accidents

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted as required. Records also evidenced that healthcare professionals in the relevant health and social care trust were informed of accidents at the time they occurred.

The registered manager completes a monthly analysis of accidents to identify any trends with the patients involved, time of the accident and the location.

6.2.3 Environment

As previously discussed there has been a significant amount of refurbishment in the home since the previous inspection. New flooring has been laid in the corridor areas throughout the home. The skirting boards and door architraves have been repaired, as required, and repainted.

Both dining rooms have been repainted and new tablecloths provided. The upstairs lounge has been repainted and new curtains provided. The registered manager explained that a range of new armchairs have been ordered and were due for delivery soon. There is a rolling programme of refurbishment for the bedrooms which will include new curtains and bedding; a significant number of bedrooms have been completed.

The improvements to the environment have been tastefully completed to a good standard and have improved the overall appearance and atmosphere in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' attentiveness to patients, the serving of lunch and the quality of meals prepared and the homely environment.

Areas for improvement

One area for improvement was identified to review the number of staff available at the time of the evening meal to ensure patients receive their meals, and any assistance they require, in a timely manner.

	Regulations	Standards
Total number of areas for improvement	0	1

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, Registered 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

<p>Area for improvement 1</p> <p>Ref: Standard 12:11</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>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.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed staffing in line with the dependencies in the home and this is under continual review. The registered Manager has spoken to relatives who have volunteered to assist over teatime in order to ensure all residents nutritional needs are catered for.</p>
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Please ensure this document is completed in full and returned via Web Portal



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