

Inspection Report

30 September 2021



Carryduff Nursing Home

Type of service: Nursing Home
Address: 19 Church Road, Carryduff, BT8 8DT
Telephone number: 028 9081 4862

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Carryduff Nursing Home Registered Persons: Mr Edwin Samuel Johnston Mr Gerald William Beattie	Registered Manager: Miss Louise Riley Date registered: 23 October 2020
Person in charge at the time of inspection: Miss 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
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 23 patients. Patients' bedrooms are located over two floors. Patients have access to communal seating areas and communal dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2021 from 11.45am to 6.00pm by a care inspector.

RQIA received information from the home on 29 September 2021 which raised concerns in relation to the staffing arrangements and the impact on care in the home. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised and to review care delivery, record keeping, the environment and management arrangements.

Areas requiring improvement were identified in relation to the environment, laundry practice, wound care and staffing arrangements. Not all areas for improvement identified at the previous care inspection were reviewed as part of this inspection and these areas for improvement have been carried forward for review to the next care inspection.

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

The findings of this report will provide the manager and management team 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.

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

The findings of the inspection were discussed with the manager and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with eight patients, five staff and two visitors. Patients spoke highly on the care that they received and on their interactions with staff. Patients confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. Staff acknowledged the difficulties of working through the COVID – 19 pandemic and shared concerns regarding the staffing arrangements in the home but all staff agreed that Carryduff nursing home was a good place to work.

5.0 The inspection

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 27 & 29 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure care plans for the management of wounds are developed in a timely manner and are updated to reflect the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance. Daily progress notes should comment on the patient's skin condition.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.2. This area for improvement has not been fully met and will be stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: A review of one patient's care/accident records following a fall in the home confirmed that the appropriate observations had been completed.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place for the safe storage and supervision of thickening agents.</p> <hr/> <p>Action taken as confirmed during the inspection: Thickening agents had been stored appropriately when not in use.</p>	<p>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 the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff training, knowledge and practice regarding infection prevention and control. <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that detailed care plans are in place for patients prescribed insulin, including the management of episodes of low blood sugar.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure repositioning and personal care charts are completed in full. These should be signed by staff with the accurate date and time of care delivery recorded.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 2 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, showing what is available at each mealtime.</p> <p>Action taken as confirmed during the inspection: The daily menu was displayed in the dining room.</p>	Met
<p>Area for improvement 3 Ref: Standard 4.1 Stated: First time</p>	<p>The registered person shall ensure risk assessments are completed and care plans developed within five days of the patient's admission to the home. These should be reviewed and updated in response to the changing needs of the patient.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
<p>Area for improvement 4 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance.</p> <p>Action taken as confirmed during the inspection: Care plans reviewed were reflective of SALT and IDDSI guidance.</p>	Met
<p>Area for improvement 5 Ref: Standard 48.8 Stated: First time</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Action taken as confirmed during the inspection: Five fire drills had been conducted and a matrix was maintained to evidence which staff had participated.</p>	Met

<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis.</p> <p>A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control, wound care and care records.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 9</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

The home was staffed to the planned staffing level on the day of inspection. Staff confirmed that patients' needs were met when the planned staffing was achieved. Staffing levels had been affected by staffs' sickness and staff isolating due to Covid – 19 close contacts. Two staff had also recently left the home.

The manager was drafting the duty rota for the next four weeks and described the extensive measures that had been employed to achieve filling gaps within the duty rota. Staff had been blocked booked from agencies. The home's own staff had been working additional hours. The manager and the regional manager had both been working on the floor of the home when gaps in the duty rota could not be filled due to lack of availability of staff. The responsible individual for the home confirmed plans to move staff from the company's sister homes to Carryduff nursing home to fill immediate gaps in the staffing. The manager and regional manager confirmed recent recruitment to the home.

Staff confirmed that they felt the teamwork in the home was good and that they were supportive of one another. Staff also confirmed that they found the manager and management team supportive and 'very approachable'. An agency nurse on duty confirmed that they had received a good induction to the home prior to commencing their first shift. The nurse also confirmed that they had the contact numbers of the manager and management team to seek advice if any concerns arose when the management team were not present.

No patients consulted during the inspection raised any concerns in relation to the staffing arrangements in the home. One visitor, whilst praising the staff for the care they provided, did comment that the staffing levels in the home were not sufficient at times.

Information shared with RQIA from the manager following the inspection confirmed that, at that point, all outstanding shifts for the next four weeks had been filled. As a means of monitoring the staffing levels in the home, an area for improvement was identified to ensure RQIA was notified when staffing in the home did not meet the planned staffing level.

5.2.2 Care Delivery and Record Keeping

During the inspection the atmosphere was calm and staff were working in an organised manner. Staff were observed communicating well with one another and it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Patients were presented well in their appearance and attention had been given to personal grooming. Records of assistance provided with personal care were maintained and evidenced detail such as oral and eye care and identified when the patient last had a shower/bath/body wash. Patients were complimentary on the care that they received. One told us that they were 'very happy with the home and the staff' and that they had 'no concerns'.

Staff were knowledgeable in relation to patients' nutritional requirements. Patients' nutritional requirements were referenced within their care plans and reflective of speech and language therapist recommendations.

Two patients' wound care records were reviewed. The first had been completed well with the wound care plan directing the care required to treat the wound and the wound evaluation records monitoring the progress of the wound. The second patient's wound care records evidenced that recommendations from another health care professional had not been communicated appropriately. This was discussed with the manager and an area for improvement in relation to wound management has been stated for a second time.

Records of repositioning had been recorded well; evidenced skin checks at the time of repositioning and were signed by both staff members involved in the repositioning of the patient.

The accident and incident records of a patient following a fall in the home were reviewed. The records indicated that the patient had been monitored appropriately following the fall; care records had been updated and the appropriate persons had been notified of the fall.

5.2.3 Management of the Environment

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Corridors were clear of clutter and obstruction, however, a hoist was observed to block a stairwell and fire exit. This was discussed with the manager and identified as an area for improvement.

Patients' bedrooms contained the patients' personal possessions and many had photographs and pictures from home on display. Communal areas had been maintained well and were suitably furnished.

The door to the treatment room was observed to be unlocked and medicines were accessible to patients within an open medicines fridge when the treatment room was unattended. This was discussed with the manager and identified as an area for improvement.

Hand hygiene and personal protective equipment (PPE) was available at the entrance to the home. Visitors and other health professionals were required to sign into the home; perform hand hygiene, have a temperature check and complete a declaration form to confirm that they were not a known risk of transferring Covid – 19 into the home. Staff were observed to be wearing PPE at the appropriate times in the home. However, we did observe two routine practices within the laundry which was not in keeping on best practice with infection prevention and control. This was discussed with the manager and identified an area for improvement.

Patients confirmed that they had freedom of choice on where they spent their day. Patients could stay in their own room or go to one of the communal areas in the home. Staff supported patients with their choices.

5.2.4 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements in the home. Miss Louise Riley has been the Registered Manager of the home since 23 October 2020.

On routine review of the RQIA registration certificate on display we identified that the partnership named on the certificate was no longer in operational control of the home as we were informed by the management team on the day of inspection that the partnership had dissolved. As a result, the person in operational control will need to submit an application to RQIA to register as the responsible individual. The appropriate person has been informed and RQIA await the submission of the application.

6.0 Conclusion

The home was fully staffed and operating in a calm and relaxed manner. Patients were presented well in their appearance and there were no concerns raised about staffing from patients. Patients were positive in their comments regarding the staff and the care delivered in the home. Following the inspection the manager confirmed that all outstanding shifts had now been filled.

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	5*	7*

*The total number of areas for improvement includes one that have been stated for a second time and seven which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Louise Riley, Registered Manager and Mrs Linda Graham, Regional 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure care plans for the management of wounds are developed in a timely manner and are updated to reflect the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance. Daily progress notes should comment on the patient's skin condition.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The Registered Person has checked all wound care plans and can confirm they reflect assessed needs of the patient. The Registered Person through her auditing process is monitoring wound assessments and evaluations in keeping with best practice guidance. The Registered Person has addressed with nursing staff the importance that daily progress notes comment on skin condition' and this is being monitored.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff training, knowledge and practice regarding infection prevention and control. <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that detailed care plans are in place for patients prescribed insulin, including the management of episodes of low blood sugar.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that at all times there will be an adequate escape route from the home in the event of a fire. Fire exits and stairwells should never be blocked.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any area accessible to patients is maintained hazard free. This is in relation to:</p> <p>Patients' access to medications in the treatment room.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Person has addressed with staff the importance of ensuring there is an adequate escape route from the home in the event of a fire by ensuring that fire exits and stairwells are never blocked This is monitored daily by the Registered Person..</p> <p>Response by registered person detailing the actions taken: The Registered Person has addressed with nursing staff that the treatment room door is always closed when leaving the room unattended so that no patient can get access to medication..</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure risk assessments are completed and care plans developed within five days of the patient's admission to the home. These should be reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis.</p> <p>A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control, wound care and care records.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>The registered person shall ensure that RQIA are notified when the planned staffing levels are not met.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure to complete a notification to RQIA in the event that planned staffing has not been met.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that laundry practices are in keeping with best practice on infection prevention and control.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Person has purchased a receptacle for red soiled linen bags to ensure staff adhere to best practice on infection prevention and control and will continue to monitor staff practice.</p>

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