



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 13 August 2019



Colinvale Court

Type of Service: Nursing Home
Address: Glen Road, Belfast, BT11 8BU
Tel No: 02890604314
Inspector: Linda Parkes

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 50 patients.

3.0 Service details

Organisation/Registered Provider: Raymond Liam Murphy	Registered Manager and date registered: Vincy Vincent – 13 June 2016
Person in charge at the time of inspection: Vincy Vincent	Number of registered places: 50
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 39

4.0 Inspection summary

An unannounced inspection took place on 13 August 2019 from 16.10 hours to 20.50 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Colinvale Court which provides nursing care.

The inspection assessed progress with 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.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Two areas requiring improvement were identified regarding the maintenance of patient record folders in relation to best practice of infection prevention and control and the patient dining experience.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and with staff.

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	*3

*The total number of areas for improvement include one standard which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Vincy Vincent, registered 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 26 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 February 2019. 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 the previous inspection findings including 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.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 5 to 25 August 2019
- staff training records
- incident and accident records
- four patient care records
- three patient food and fluid intake charts
- a sample of governance audits/records
- complaints record
- a sample of reports of visits by the registered provider/monthly monitoring reports from 24 June to 24 July 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance 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 inspections

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 30 Stated: First time	The registered person shall ensure that notifiable events are reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of notifiable events reported to RQIA from 4 March to 3 August 2019 evidenced that this improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43.1 Stated: First time	The registered person shall ensure that appropriate signage is provided within the home in order to promote the orientation of patients.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of signage in each unit evidenced that this improvement has been met.	
Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that a robust hand hygiene audit tool is developed to comply with infection prevention and control policies, procedures and best practice guidance.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of hand hygiene audits from 1 May to 7 August 2019 evidenced that this improvement has been met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered person shall ensure that, for medicines prescribed to be administered on a “when required” basis for the management of distressed reactions, the reason for and outcome of their administration are routinely recorded.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 5 to 25 August 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner.

Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. Five staff questionnaires were returned. One staff member indicated they were very unsatisfied, one staff member indicated they were satisfied and three staff indicated that they were very satisfied that there "are sufficient staff to meet the needs of the patients."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Colinvale Court. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Seven visitors spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Seven questionnaires were returned. Two questionnaires did not clearly indicate their level of satisfaction regarding staffing. One questionnaire did not indicate if the person completing it was a resident or relative. Five completed questionnaires indicated that they were satisfied or very satisfied that staff had 'enough time to care'.

Two relatives commented:

"I'm very happy with the care and have no concerns. Mum's put weight on over the past two months."

"Staff are on the ball. Nothing's a problem. No matter what we need they're there as soon as possible."

A relative was observed thanking a care staff member for doing a great job as they were leaving the building.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding moving and handling and first aid.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 14 March to 09 July 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, generally well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

On inspection of Beech Unit, the flooring in the corridor was noted to have a raised, patched area that could cause a possible trip hazard in the future. Also there was an area of flooring near the lift that was in disrepair. This was discussed with the registered individual who advised that the identified areas of flooring would be replaced and that a refurbishment plan for the home was ongoing. The reception area will be prioritised for redecoration.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home’s environment.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Three patients’ food and fluid intake charts were reviewed and were found to be well documented.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

It was observed that patient record folders were in an unsatisfactory condition and required to be cleaned or replaced as this did not adhere to best practice regarding infection prevention and control. This was discussed with the registered manager and an area for improvement was identified.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the teatime meal in the main dining room. Patients were given the choice by staff if they wished to go to the dining room, to have their meal at the dining table in the lounge or to have food served at a small table in front of them. Several patients indicated that they wished to sit at the table in the lounge or to have the food served where they were sitting. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. The food appeared nutritious and appetising. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients able to communicate indicated that they enjoyed their meal. Tables were nicely set with condiments and the menu for the day was displayed on each table in the main dining room, in a suitable format and showed what was available at each mealtime. It was noted menus were not displayed in the dining areas of the lounges, and that the presentation of table settings required to be reviewed in order to bring them in line with the standard of the main dining room, to improve the dining experience for patients who preferred to enjoy their meal in the lounges. This was discussed with the registered manager and an area for improvement was identified.

Two patients commented:

"Food's very nice."

"I'm enjoying my tea."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

Two areas for improvement were identified during the inspection regarding patient record folders in order to adhere to best practice in relation to infection prevention and control and the patient dining experience.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

During the inspection the inspector met with three patients, small groups of patients in the dining room and lounges, seven patients' relatives and three staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Colinvale Court. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Seven questionnaires were returned within the timescale and specified they were satisfied and very satisfied that patients were treated with compassion.

A patient commented:

"I'm treated well and the staff's nice."

A patient relative commented:

"The girls have him spotless and the care's one hundred per cent. Communication's very good. If I had a concern I'd speak to Vincy (registered manager)."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The registered manager advised that arrangements were in place for the home to participate in a music project and that funding was available for equipment. Six staff members would attend training to facilitate this activity.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, infection prevention and control practices including hand hygiene and falls.

Discussion with the registered manager and review of records from 24 June to 24 July 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

We spoke with two relatives who raised concerns regarding missing laundry. The laundry room was observed to be organised with a named system in place to facilitate staff to deliver clean laundry to patients. The registered manager advised that patients' clothing is required to be clearly named in order for staff to identify who the clothing belongs to. The registered manager advised she will discuss the issue with relatives and staff in order to resolve the concern.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vincy Vincent, registered 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 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 18 Stated: First time To be completed by: 22 June 2018	<p>The registered person shall ensure that, for medicines prescribed to be administered on a “when required” basis for the management of distressed reactions, the reason for and outcome of their administration are routinely recorded.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A new system has been put in place to record the administering of medicines on a "when required" basis for the management of distressed reactions. The new format for daily record keeping is kept with the Kardex folder for each individual resident to demonstrate the reason for and outcome of the administered medication. This system will also be beneficial for audit purposes on a routine basis.</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that patient record folders are maintained and monitored to an acceptable standard in order to adhere to infection prevention and control procedures.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Record folders have all been replaced/upgraded to meet required standard of infection prevention.</p>
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime and that the patient dining experience is reviewed.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Daily menus (pictorial) are displayed in the main dining room and all other smaller units which residents may use at mealtimes. Appropriate tablecloths, condiments etc. are available and residents are provided with a meal choice along with the area in which they prefer to have their meal.</p>

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



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