



Colinvale Court  
RQIA ID:1704  
Glen Road  
Belfast  
BT11 8BU

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**Announced Enforcement Compliance Inspection  
of  
Colinvale Court**

**15 and 16 October 2015**

**The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced enforcement compliance inspection took place on 15 October 2015 from 09.30 to 16.00 and on 16 October 2015 from 09.30 to 17.00 hours.

The purpose of the inspection was to assess the level of compliance achieved in relation to four failure to comply notices issued on 14 September 2015. The inspection on 15 October 2015 assessed compliance with FTC/NH/1074/2015-2016/02 and FTC/NH/1074/2015-2016/03 in relation to the nursing care of patients and their health and welfare. The inspection on 16 October 2015 assessed compliance with FTC/NH/1074/2015-2016/01 and FTC/NH/1074/2015-2016/04 regarding the management and governance arrangements of the home and the competence of nursing staff.

**FTC Ref: FTC/NH/1074/2015-2016/02**

**FTC Ref: FTC/NH/1074/2015-2016/03**

Evidence was available to confirm that arrangements were in place to ensure that the nursing needs of patients were being met and that measures had been implemented to ensure their health and welfare. RQIA were satisfied that compliance had been achieved with the above two failure to comply notices.

**FTC Ref: FTC/NH/1074/2015-2016/01**

**FTC Ref: FTC/NH/1074/2015-2016/04**

Evidence was not available to validate compliance with the above failure to comply notices. Following the inspection, RQIA senior management held a meeting on 19 October 2015 to review the inspection outcomes. However, in view of the progress made to address the required actions specified in the two notices, a decision was made to extend the compliance date. Compliance with the two notices must be achieved by 16 November 2015.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Following an unannounced care inspection on 7 September 2015, four failure to comply notices were issued to Colinvale Court, related to management and governance arrangements, competence of nursing staff, nursing care and the health and welfare of patients.

A further inspection was carried out on 1 October 2015 to assess compliance with two of the four notices; FTC/NH/1074/2015-2016/01 and FTC/NH/1074/2015-2016/04. Evidence was not available at this time to validate compliance with these notices. Following a senior management meeting at RQIA on 2 October 2015, it was decided to extend the compliance date of the two failure to comply notices until 16 October 2015.

### 1.2 Actions/Enforcement\* Resulting From This Inspection

**FTC Ref: FTC/NH/1074/2015-2016/02**

**FTC Ref: FTC/NH/1074/2015-2016/03**

As indicated above, evidence was available to validate compliance with the above failure to comply notices.

**FTC Ref: FTC/NH/1074/2015-2016/01**

**FTC Ref: FTC/NH/1074/2015-2016/04**

With reference to the summary section above, the above notices were extended for a further 30 days from the date of this inspection with a date of compliance to be achieved by 16 November 2015.

\*All enforcement notices for registered agencies/services are published on RQIA's website at: [http://www.rqia.org.uk/inspections/enforcement\\_activity.cfm](http://www.rqia.org.uk/inspections/enforcement_activity.cfm)

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Raymond Murphy	<b>Registered Manager:</b> See below
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Vincy Vincent (acting manager) on 15 October 2015 Mrs Norma Gilgunn (deputy manager) on 16 October 2015	<b>Date Manager Registered:</b> Vincy Vincent (acting manager) No application submitted
<b>Categories of Care:</b> NH-DE	<b>Number of Registered Places:</b> 50
<b>Number of Patients Accommodated on Day of Inspection:</b> 28	<b>Weekly Tariff at Time of Inspection:</b> £593 per week

## 3. Inspection Focus

The inspection sought to assess the level of compliance with the required actions indicated within the four failure to comply notices issued to the home on 14 September 2015. These notices were in relation to the nursing care of patients and their health and welfare; the management and governance arrangements of the home and the competence of nursing staff.

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered person
- discussion with the acting manager
- discussion with the deputy manager
- discussion with patients and staff
- review of five patients' care records
- review of the staff duty rota
- review of staff supervision records
- review of staff training records
- review of one staff induction record
- review of competency and capability assessments for registered nurses

- review of the staff allocation book
- review of the shift handover record
- review of the minutes of staff meetings
- review of audits conducted in the home
- observation of care practices
- a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous care inspection reports
- a review of a monthly quality monitoring report for September 2015 submitted by the registered person
- a review of correspondence submitted by the registered person

## 5. 5.0 The Inspection

### 5.1 FTC Ref: FTC/NH/1074/2015-2016/02

#### The Nursing Homes Regulations (Northern Ireland) 2005

##### Regulation 12.-(1)

The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

**(a) meet his individual needs;**

**(b) reflect current best practice;**

In relation to this notice, nine actions were required to comply with this regulation.

At the inspection on 7 September 2015, concerns were identified in relation to the number of patients being nursed in bed, a lack of evidence of timely referrals to allied health care professionals, the provision and documentation of food and fluids and the standard of personal care provided to patients.

As a result of the inspection findings on 7 September 2015, care management reviews were to be carried out in relation to four identified patients. The manager stated that care management reviews had been completed for all patients including the four identified patients from the inspection on 7 September 2015. The Trust Quality Team (Trust QAT) representative also confirmed on 16 October 2015 that these had been completed. A number of minutes of the review meetings were available in a folder with the remainder to follow from the Trust.

There was evidence in the care records examined and in separate referral files, that referrals were being made to allied health professionals and that these were being followed up appropriately. One patient being nursed in bed at the inspection on 7 September 2015 had been waiting an extended period for a seating assessment by the trust occupational therapist. This has been completed. Four patients were currently being nursed in bed; explanations from staff were appropriate and relevant referrals had been made when required.

A review of a selection of daily charts evidenced that sufficiently detailed records of the food and fluid intake of patients were being kept. One issue regarding the consistency of food and fluids for one patient was identified and addressed on the day of inspection. Care staff consulted were able to demonstrate their knowledge of the consistency of food and fluids required for their patients.

A three week menu rotation system had been formally introduced. The menu planner for week one and two was fully completed and on display in the dining rooms. A handwritten draft of the menu for week three was available. Management were further advised to include the date of implementation and the date of the required review on the menu planner. The variety of food and the presentation of the meals were observed to be of a good standard. In discussion, the cook was able to talk confidently about the needs of patients requiring a modified diet. The cook confirmed that he liaised directly with the dietician and speech and language therapists (SALT) in relation to the dietary needs of patients.

The menu choices were not presented in an accessible format for patients on 15 October 2015. This was discussed with the cook and manager and a large print version was made available by the end of the day. An up to date copy of the menu was also on display at the inspection on 16 October 2015. The manager and the cook advised that work was in progress to produce a pictorial menu which would be in accordance with best practice guidelines in dementia care.

Fluids were available for patients with a choice of juices, water, milk and tea or coffee. The snack trolley was observed to be supplied with yoghurts for those on a modified diet and was well presented with fresh fruit and home baked items available.

Patients were generally well presented and attention had been paid to hair care, nail care, mouth care and clothing choice. There were three gentlemen who had not been shaved on 16 October 2015 and this was brought to the attention of the deputy manager who agreed to address this matter.

One patient's representative was observed to highly commend and thank the manager and the registered person for the care provided to their loved one during their stay at the home and gifts were left for staff.

Evidence was available to confirm that arrangements were in place to ensure that the nursing needs of patients were being met. RQIA were satisfied that compliance had been achieved with the above failure to comply notice.

**5.2 FTC Ref: FTC/NH/1074/2015-2016/03****The Nursing Homes Regulations (Northern Ireland) 2005****Regulation 13.-(1)**

**The registered person shall ensure that the nursing home is conducted so as –**

- (a) to promote and make proper provision for the nursing, health and welfare of patients;**
- (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.**

In relation to this notice, 10 actions were required to comply with this regulation.

At the inspection on 7 September 2015, concerns were raised regarding records management and the standard of record keeping particularly in relation to wound care and restrictive practices.

Two patients were identified as having wounds and their records were reviewed. There was evidence that treatment regimens were being carried out as prescribed. Each patient had a care plan in place informed by the trust tissue viability nurse specialist (TVN) with the dressing choice and frequency of dressings specified. Open wound charts were in use to enable assessment of the wounds at each dressing change. Close liaison with the TVN was evident and care plans had been updated in response to the changing condition of the wound. In one case, the wound had healed and the patient was awaiting compression hosiery from pharmacy. There was evidence in the handover records that this was being followed up. All records regarding wounds were being kept in a central location including care plans, TVN instructions, wound care charts and assessments at each dressing change. This practice represented a significant improvement in the standard of record keeping in relation to wounds since the inspection on 7 September 2015.

There were no patients observed to be restrained inappropriately on the two days of inspection. There were bed rails and alarm mats being appropriately used for a number of patients in the home. Two care records were reviewed and there was a bed rails risk assessment in place for both. However, there was no evidence of consent and/or discussion with the patient, family or the multi-disciplinary team. The manager presented a suitable form for recording purposes and agreed to complete these with the patient or their representatives as soon as possible. In discussion with the deputy manager, it was emphasised that discussions with the multi-disciplinary team, in relation to the use of restrictive practices, must be appropriately documented in the care record. During discussion with the manager and deputy manager, it was reinforced that management and staff working in the home must be conversant with the care standards for nursing homes and current best practice guidelines in regards to restraint /restrictive practice.

As risk assessments and care plans had all been updated within the last three weeks, none were due for monthly review. However, it was evident from the sample examined that they were being updated in response to the changing condition of patients.

The review of the risk assessment documentation confirmed that these were now legible and clearly stated the patients' needs. Damaged folders had been replaced and the records had

been transferred into new folders. In one care record, an older version of a manual handling care plan was found which had since been updated. Although this had been discontinued, the manager was advised that these should be promptly archived in accordance with best practice guidelines on records management. The manager agreed to address this promptly.

Evidence was available to confirm that arrangements were in place to ensure that proper provision had been made for the health and welfare of patients. RQIA were satisfied that compliance had been achieved with the above failure to comply notice.

### 5.3 FTC Ref: FTC/NH/1074/2015-2016/01

#### **The Nursing Homes Regulations (Northern Ireland) 2005**

##### **Regulation 10. -(1)**

**The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.**

In relation to this notice, three actions were required to comply with this regulation.

The notice required the registered person to review the management arrangements in the home, to ensure that competent staff were in charge in the absence of the manager and to ensure that robust governance systems were put in place to ensure the health and welfare of patients.

In regards to the management arrangements, both the manager and the deputy were working part time in the home as they are currently employed elsewhere. Vincy Vincent, the manager for the home, confirmed that she was working three to four days per week supported by the deputy manager, Mrs Norma Gilgunn who was working the remaining days. The deputy manager had commenced on 5 October 2015 but confirmed that she had worked as an agency nurse for the past eighteen months and was familiar with the patients, staff and layout of the home. From week commencing 12 October 2015, the duty rota evidenced that seven day management cover was available.

Raymond Murphy, registered person, advised that both Vincy Vincent and Norma Gilgunn had handed in their notice to their current employers and would be taking up their respective permanent posts by mid-November 2015. The registered person stated that from this point, the manager planned to work Monday to Friday and the deputy manager would work at least three days per week. This was subsequently confirmed by the manager and the deputy manager. The managers advised that they had worked a shift together in the past week to facilitate hand over to one another and they intended to sustain this handover arrangement going forward.

Both the manager and deputy manager confirmed that they had received no formal induction since the last inspection on 1 October 2015. They referred positively to the ongoing support provided by the registered manager of another home within this group. However, this was not a formal arrangement and no records were retained.

Both the manager and the deputy manager demonstrated an understanding of the areas of work which needed to be prioritised within the home. They presented as motivated and committed to making these changes. Inspection revealed evidence of their effort and commitment in the improvements made to date. The manager also advised that she is to attend the Royal College of Nursing (RCN) five day management course in November 2015. This was later confirmed by the registered person.

As the result of an ongoing trust safeguarding of vulnerable adults investigation, it was suggested that a number of registered nurses should not be left in charge of the home in the absence of the manager.

An examination of the duty rota for the preceding three weeks, found that these nurses had been left in charge up until the 11 October 2015 on a number of occasions. In discussion with the registered person and manager, it was acknowledged that the home had experienced significant challenges in trying to meet the outcomes from the trust safeguarding meeting. In order to address this matter, the manager had commenced a review of all registered nurses' competency and capability assessments. All staff nurses' competency and capability assessments had been fully completed and signed off by the manager except for two. The deputy manager intended to sign off the two outstanding registered nurses' competency assessments at the week end when both staff were on duty. Furthermore, the manager confirmed her intention to work night duty to complete the annual review of the competency and capability of one other staff nurse who worked permanent nights.

The new arrangements, between the manager and the deputy manager, had enabled seven day management cover to be provided from 12 October 2015. These arrangements had also enabled the competency of these nurses to be re-assessed and the manager to be assured that they were fit to resume the nurse in charge role. An examination of the duty rota evidenced that the nurse in charge was clearly identified on the duty rota.

It was noted that there were no competency or capability assessments completed for two agency nurses who had been left in charge of the home in the absence of the manager. The deputy manager confirmed that they did not plan to use any more agency nurses from this week. However, it was reinforced that these assessments must be completed for any nurse left in charge in the absence of the manager including agency nurses. The priority areas which should be included in this assessment were discussed with the deputy manager.

A review of the duty rota evidenced that two preceptorship registered nurses had not been inappropriately left in charge of the home. One of these nurses had been identified by the manager as requiring additional support. On 16 October 2015, the duty rota indicated that this nurse was to be supernumerary. It was noted that the nurse was not working in the capacity of a registered nurse, however, they were fulfilling the role of the second care assistant. In discussion with the deputy manager, it was agreed that this would provide the nurse with limited opportunity to further develop nursing skills and competencies and therefore this arrangement would be reviewed.

Handover arrangements had improved with evidence of the daily handover in a red hardback book with meaningful comments recorded regarding each patient. Where meaningful comments were not made, there was evidence that the manager had challenged individual nursing staff regarding this.



The allocation system had been updated and the staff were now allocated into two teams with each care assistant responsible for all the care of a group of approximately six patients. However, from observation and discussion, it was evident that care staff were still allocating tasks amongst themselves. This was discussed with the manager who gave assurances that this would be followed up and monitored. It was acknowledged that the new system will take time to fully embed into practice.

The home environment was clean and well presented over both days of the inspection. The manager had carried out an environmental audit of the home and completed audits of care records and provided documentary evidence of the templates used. From a review of the audit outcomes and further discussion with the registered person and management, it was evident that more robust audit /quality assurance arrangements across all areas within the home require to be implemented to ensure the quality of care practices and service delivery to the patients accommodated.

There was evidence of ongoing group supervision with some staff about the changes being made and practice issues. More robust supervisory arrangements were required to be put in place on an individual basis with all staff and records retained. A supervision planner should be put in place to manage this. In addition, relevant staff should receive training on supervision and the responsibility for supervision delegated appropriately.

The registered person stated that feedback had been given to staff after the inspection on 15 October 2015 but no formal minutes or list of attendees had been kept. A staff meeting had been held with the domestic staff since the last inspection to clarify roles and responsibilities; minutes and attendees were appropriately recorded.

Whilst some progress had been made there was insufficient evidence provided to validate compliance with the requirements of the failure to comply notice. The timeframe for compliance with this notice has been extended. Compliance with this notice must be achieved by 16 November 2015.

#### **5.4 FTC Ref: FTC/NH/1074/2015-2016/04**

### **The Nursing Homes Regulations (Northern Ireland) 2005**

#### **Regulation 20.-(1)**

**The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –**

- (a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;**

In relation to this notice, three actions were required to comply with this regulation.

The notice required the registered person to ensure that the performance of registered nurses was monitored, that they were effectively leading and directing the care of patients and to ensure that systems were introduced for effective team-working to ensure that safe and effective care was being delivered and any deficits addressed.

Staff supervision and competency assessments were being undertaken to monitor the performance of the registered nurses. Please refer to section 5.3 above for further information.

In discussion, the manager stated that she was regularly monitoring the performance of the nursing staff and was taking actions to address any deficits in care practices /service delivery. The manager discussed a specific example of a care practice issue that she had identified and how this was being managed; however, no formal, written record had been made. With reference to section 5.3 above, the manager was advised to ensure that any issues/concerns regarding care practices and/or performance management is recorded with evidential links made with staff supervision and team meetings.

A review of the induction record of one recently appointed staff nurse was reviewed and found to be inadequate. There was also no preceptorship documentation in place for recently appointed, newly qualified registered nurses.

The manager stated that speech and language therapists, dieticians and occupational therapists from the local Trust have agreed to provide training which should be of benefit to staff.

Staff mandatory training records were reviewed with a senior manager and significant gaps were identified; some staff had no training recorded against required areas. It was noted that the new deputy manager had not undertaken fire awareness training or a fire drill in the home. This matter was brought to the attention of the registered person and the manager and discussed further in terms of the governance arrangements in the home. Management confirmed a date for fire training and a fire drill and gave assurances that mandatory training for all staff would be prioritised to address any gaps, and in particular, fire safety for all staff working in the home. Management were also advised to ensure that the training records were reviewed and updated to accurately reflect the current staff working in the home.

Staff nurses consulted were generally knowledgeable about the needs of their patients. However, as previously stated, there was an incident noted in which the incorrect consistency of food and fluids was being provided to a patient recently discharged from hospital. This had been overlooked by the admitting nurse but was identified on a review by the Trust QAT representative the following day and was promptly addressed by the manager and staff.

Some concerns were identified in relation to the staff nurses' ability to effectively lead and direct the care of patients. Whilst the majority of patients were well presented, three gentlemen were noted to be unshaven later in the day. One bed had not been made by lunch time and the patient complained to the inspector that he was unable to lie down as he had wished. This was brought to the attention of staff who followed up immediately. We observed one staff nurse who did not challenge a care assistant for their abrupt manner toward colleagues and for noticeably voicing their frustrations in front of the patients during a meal time. Following a review of patient observation charts, one care assistant admitted to signing that 15 minute observations had been done at 13.15 and 13.30 hours when they had not been completed. These matters were brought to the attention of the deputy manager and registered person who expressed their concerns and gave assurances that all matters would be followed up. Post inspection, the registered person advised that relevant matters were being followed up under the home's disciplinary process.

At the lunch time meal in one unit, six patients were at the table with at least four staff assisting, plus the cook and a heated trolley, all in a limited space. The deputy manager and cook were asked to review the staff deployment and organisation at mealtimes to ensure a calm atmosphere conducive to patients' enjoyment of their meal.

Systems were to be implemented to enable effective teamwork and allocation of duties to ensure that patients' needs were met. As previously stated, the handover report was being recorded and a system for the allocation of duties had been introduced. Please refer to section 5.3 above for further information. A registered nurse was assigned to each unit but one nurse now completed the medicines for all patients in the home. The manager was of the opinion that this would give each nurse an overview of the needs of all the patients in the home and improve team working.

One nurse spoken with confirmed that this was their first day completing the medicines in this way so it was too early to comment on the effectiveness of this new system.

A shift handover report template had been introduced at the last inspection on 1 October 2015 to assist with communicating events which had occurred during each shift to the nurse in charge. This template was no longer in use as it was in the process of being reviewed and improved by the manager. This updated version had not yet been implemented and any information of this nature was being included in the handover book.

Whilst some progress had been made, there was insufficient evidence to validate compliance with the requirements of the failure to comply notice. This timeframe for compliance with this notice has been extended. Compliance with the notices must be achieved by 16 November 2015.

## **6. Actions Taken by the Registered Person**

This section should be completed by the registered person and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk).

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	VINCY VINCENT	<b>Date Completed</b>	07/12/15
<b>Registered Person</b>	RAYMOND MURPHY	<b>Date Approved</b>	07/12/15
<b>RQIA Inspector Assessing Response</b>	Karen Scarlett	<b>Date Approved</b>	09/12/15

Please provide any additional comments or observations you may wish to make below:

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.