



The Regulation and
Quality Improvement
Authority

Colinvale Court
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Glen Road
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BT11 8BU

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**Unannounced Enforcement Compliance Inspection
of
Colinvale Court**

16 and 17 November 2015

**The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced enforcement compliance inspection took place on 16 November 2015 from 12:00 to 16:30 hours and on 17 November 2015 from 09.40 to 15.20 hours.

The purpose of the inspection was to assess the level of compliance achieved in relation to two failure to comply notices issued on 14 September 2015, FTC/NH/1074/2015-16/01 and FTC/NH/1074/2015-16/04. The areas for improvement and compliance with regulations were in relation to governance and management arrangements in the home and the competence of nursing staff. The date for compliance with the notices was 16 November 2015.

FTC Ref: FTC/NH/1074/2015-16/01

Evidence was not available to validate compliance with the above failure to comply notice. However, there was evidence of some improvement and progress made to address the required actions within the notice. Following the inspection, RQIA senior management held a meeting on 18 November 2015 and a decision was made to extend the compliance date up to the legislative timeframe of 90 days. Compliance with the notice must be achieved by 16 December 2015.

FTC Ref: FTC/NH/1074/2015-16/04

Evidence was available to confirm that the performance of registered nurses was being effectively monitored, that the registered nurses were effectively leading and directing patient care and systems had been introduced to enable effective team work. RQIA were satisfied that compliance had been achieved with the above failure to comply notice.

1.1 Actions/Enforcement* Taken Following the Last Enforcement Monitoring Inspection

Following an unannounced care inspection on 7 September 2015, four failure to comply notices were issued to Colinvale Court on 14 September 2015 relating to governance and management arrangements, competence of nursing staff, nursing care and the health and welfare of patients.

An enforcement monitoring 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.

An enforcement compliance inspection was undertaken on 15 and 16 October 2015 to assess compliance with the four notices. Evidence was available to validate compliance with two of the notices, FTC/NH/1074/2015-2016/02 and FTC/NH/1074/2015-2016/03 regarding the nursing care of patients and their health and welfare.

However, evidence was not available to validate compliance with FTC/NH/1074/2015-2016/01 and FTC/NH/1074/2015-2016/04 regarding robust governance and management arrangements in the home and the competence of nursing staff. Following a senior management meeting at RQIA on 19 October 2015, it was decided to extend the compliance date of these two failure to comply notices until 16 November 2015.

1.2 Actions/Enforcement* Resulting From This Inspection

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

With reference to the summary section above, the above notice was extended up to the legislative timeframe of 90 days with a date of compliance to be achieved by 16 December 2015.

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

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

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

2. Service Details

Registered Organisation/Registered Person: Mr Raymond Murphy	Registered Manager: See below
Person in Charge of the Home at the Time of Inspection: Mrs Vincy Vincent (acting manager)	Date Manager Registered: Vincy Vincent (acting manager) No application submitted
Categories of Care: NH-DE	Number of Registered Places: 50
Number of Patients Accommodated on Day of Inspection: 27	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

The inspection sought to assess the level of compliance with the required actions indicated within the remaining two out of the four failure to comply notices issued to the home on 14 September 2015. These notices were in relation to robust governance and management arrangements in the home and the competency of nursing staff. The date for compliance on the notices was 16 October 2015.

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 two patients' care records and a number of daily charts
- review of the staff duty rota
- review of staff supervision records
- review of staff training records
- induction record for the acting manager
- review of competency and capability assessments for registered nurses
- review of the staff allocation books for day and night staff
- review of the shift handover record
- review of the minutes of staff meetings
- review of management meeting records
- review of audits conducted in the home
- review of the complaints records
- observation of care practices
- a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous care inspection report
- weekly report of the manager from 31/10/15 to 06/11/15

5. The Inspection

5.1 FTC Ref: FTC/NH/1074/2015-16/01

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, the registered person was required to address the following three actions to comply with this regulation: 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.

A review of the duty rota and discussion with the manager and deputy manager, confirmed that the manager had been working three to four days per week and the deputy manager was working two to three days per week. Both the manager and deputy manager had resigned from their previous posts.

A review of the duty rota for the week commencing 23 November 2015 confirmed that the manager was scheduled to work 40 hours per week from Monday to Friday and the deputy manager would work two days per week. The duty rota indicated that the managers would work one day together to facilitate handover and they confirmed that this arrangement would continue. A weekend on-call nurse management rota had been created for staff so they could contact a manager or deputy manager for advice over the weekend period.

There were no formal, documented induction programmes in place for the manager or deputy manager. There was evidence that some induction topics had been covered with the manager by the registered manager of another home within the group but these entries were not dated or signed. The two day inspection provided evidence that the manager was carrying out a range of duties and responsibilities in line with her job description and had developed her insight and knowledge about the home and areas required for improvement. The manager also confirmed her plan to attend a five day RCN management course in November 2015. An updated induction programme for the manager and deputy manager is to be forwarded to RQIA within an agreed timeframe.

As a 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. In order to address these concerns, the competency and capability assessments for all registered nurses in the home had been reviewed/completed with all staff and signed off by either the manager or the deputy manager. This included night duty nursing staff. All the competency and capability assessments were examined and were deemed satisfactory. The nurse in charge was clearly indicated on the duty rota.

At the previous inspection, there were concerns that competency and capability assessments for the nurse in charge role were not completed for agency staff nurses. A review of the duty rota evidenced that no agency staff had been rostered on in the previous two weeks nor was any planned for the following week. This matter was discussed further with the manager and deputy manager and the importance of completing these assessments for any agency nurses left in charge of the home in the future was emphasised.

A number of records were examined in relation to the governance arrangements in the home.

A record of management meetings was in place. Details included the attendees and the details of any matters discussed. However, there were no formal agendas or minutes retained and the date of the next planned meeting was not recorded. The registered person stated that he was in the home every day and that he, or one of the senior management team, conducted a walk-around. There were no formal records of these but he stated that any issues were discussed with the manager and recorded in the management meetings book.

A record of communication with staff and patient representatives which also evidenced details of performance management and supervision of staff was available. Complaints from relatives were initially recorded here and then recorded in the complaints book. A review of the complaints book evidenced that three complaints had been recorded since the previous inspection on 16 October 2015 and that these had been followed up appropriately.

Systems were in place to ensure the effective day to day running of the home. These included the use of a handover book which contained an update of each patient's condition at every shift change. Recorded comments were found to be meaningful and there was evidence that any issues raised had been appropriately followed up.

A 24 hour shift handover report was also completed in order to assist with communicating events which had occurred during each shift to the nurse in charge.

An allocation book for day staff indicated which unit each staff member was to work in that day and the duties they had been assigned. There was also a night duty allocation book detailing tasks which required completion including, cleaning duties, care record updates or audits. Day staff were allocated into two teams and each care assistant was responsible for approximately six residents. Care staff consulted confirmed these arrangements and were clear on their roles and responsibilities. Teams were being led by a registered nurse and there was evidence of effective team work.

The environment of the home was clean and well presented over both days of the inspection. Since the previous inspection, the manager had continued to conduct a daily walk-around of the home and to record any issues which needed to be addressed. Whilst the record evidenced that a range of issues were brought to the attention of relevant staff, for example, domestic staff, it was not always clear if the issues had been fully addressed. A more detailed audit of the environment, which had been in use at the previous inspection, was no longer being completed. It was recommended to the manager that these audits continue to be carried out on at least a monthly basis.

A number of other audits were being conducted in the home including decontamination, meal times, restrictive practices, care records and medications. Within some of these audits, there was good evidence of follow up on the actions required but in others this was lacking. The restrictive practice audits had not been completed recently. The manager agreed to undertake these restrictive practice audits and as agreed with the manager confirmation is to be sent to RQIA on completion. There was no schedule in place to confirm the management arrangements for audit, for example, frequency, timeframe and responsibility.

There was evidence of the supervision of nursing staff, care, catering and domestic/laundry staff carried out on a group and an individual basis. Not all care assistants had been provided with supervision and it was unclear when this would take place and who was to carry this out. There was no overall management schedule for staff supervision. As highlighted in the last inspection, a supervision planner should be in place and clearly linked to staff annual appraisal. Relevant staff should also receive training on supervision and this responsibility delegated appropriately. This matter was discussed further with the manager who advised of her intention to ensure that management plans for staff supervision and appraisal would be in place.

There had been two staff meetings since the previous inspection, one with the registered nurses and one with the non-nursing staff. Minutes and a list of attendees had been recorded and the content included a range of relevant areas, for example, management's expectations of staff, staff responsibilities and the current situation in relation to regulation. Management had also acknowledged staff members' efforts regarding the improvements in the home.

Mandatory training was ongoing and the majority of staff had completed this via e-learning including the registered person. The trust had also provided a range of relevant training for staff including wound care, dysphagia and food fortification and this had been well attended. In response to concerns identified by RQIA at the previous inspection, the deputy manager had undertaken face to face fire training. It was also previously identified that training records did not accurately reflect the current staff working in the home and a further review of these records evidenced that this still required updating.

The category of care of patients in the home was discussed with the manager and registered person and it was noted that one patient had been admitted outside the correct category of care. The manager stated that this had been identified at a recent care review with the Trust who were aware of this. RQIA advised the manager to discuss this further with the trust following the inspection and to inform RQIA of the outcome within an agreed timeframe. It was emphasised to the manager and the registered person that patients must only be admitted within the category of care for which the home is registered.

During the inspection process and at feedback, the ongoing efforts and commitment of the manager and the deputy manager regarding the improvements in the governance and management arrangements to date were acknowledged. However, an overview of the operational systems in the home is required in order to ensure that robust systems of governance and management oversight are in place and fully embedded across all areas. The day to day roles and responsibilities of the manager and the deputy manager also require further clarification and this should be evidently confirmed with the registered person.

Although significant progress had been made since the last inspection, there was insufficient evidence to validate compliance with the requirements of this failure to comply notice. Following the inspection, RQIA senior management made a decision to extend the notice up to the legislative timeframe of 90 days.

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, the registered person was required to address the following three actions to comply with this regulation: to ensure that the performance of registered nurses was monitored to ensure that safe and effective care was being delivered and any deficits addressed; that nurses, when in charge of the home, were effectively leading and directing the care of patients and to ensure that systems were introduced for effective teamwork and allocation of duties to ensure the needs of all patients are met in a timely manner.

At the inspection on 7 September 2015, concerns had been identified in relation to the nursing care and the health and welfare of patients. Two notices had been issued on 14 September in relation to these concerns and at the previous inspection on 15 and 16 October 2015, evidence was available to validate compliance with these notices. At this inspection, evidence was available to confirm that there had been sustained compliance with the actions detailed in these two notices.

Patients were well presented with attention to detail regarding their personal care. No patients were found to be inappropriately nursed in bed. There was evidence that referrals had been made to appropriate specialist nurses and allied health professionals and these had been followed up actively by staff.

Issues with the provision of food and fluids had been resolved. A pictorial menu was available and accurately reflected the meals being served on both inspection days. A new dining area had been created for patients and this was observed to be working well. In discussion, staff confirmed that the new arrangements had positively impacted on patients in relation to their food and fluid intake, their mobility and their social interaction. Food was well presented and appetising and assistance was offered by staff as required.

There was no evidence of inappropriate restraint and work was actively ongoing to ensure that the use of any potentially restrictive practice was discussed with patients' representatives. In discussion with the manager and deputy manager, they advised that best practice guidance in relation to restrictive practice was not available to staff. At the previous inspection, it was recommended that this guidance and a copy of the specific care standard should be provided to staff. The manager agreed to ensure that this was undertaken.

A review of two care records evidenced that risk assessments and care plans were in place as appropriate and were updated at least monthly or as the patients' conditions changed.

The improvements in patient care and health and welfare were evidently being led by the manager and the deputy manager who were observed to be monitoring and directing care on the floor alongside staff and acting as role models. Staff spoken with were aware of the new management arrangements in the home and commented positively on the manager and deputy manager, stating that they were approachable and firm but fair. They were aware of the standards expected of them by management and that they would be challenged if patient care was not satisfactory; staff universally welcomed this development.

Further evidence that staff nurses' performance was being monitored by management was available in the staff communication book, handover book, supervision documents and in the minutes of the recent staff nurses' meeting. The staff meeting minutes and discussion with the registered person and acting manager confirmed that nursing staff were being supported to challenge the practices of care staff, if required. The registered nurses spoken with stated that they felt confident and supported in doing this. Furthermore, there was evidence that underperforming care staff had been challenged and their underperformance appropriately managed by the manager. The manager stated that she was due to commence staff appraisals following a training update but no schedule had been put in place.

The ability of the registered nurses to lead and direct patient care was observed to have improved significantly since the previous inspection. Two staff nurses confirmed that the medicine round was now conducted by one nurse for all patients. The nurses were of the opinion that this had given them a more comprehensive overview of the needs of all patients in the home. This arrangement also enabled the other nurse on duty to attend to other duties. On 17 November 2015, one of the nurses was observed to support the GP in reviewing a number of patients. The manager and deputy manager stated that they had noted the increased confidence of the registered nurses regarding their role and ability to take on extra responsibility.

The manager relayed a situation when a registered nurse had reported a concern in relation to medications management. The manager had contacted RQIA for advice and this had subsequently been passed on to all registered nurses through supervision. One nurse was identified by the manager at the previous inspection as requiring additional support. This had been offered and a competency and capability assessment had been completed and signed off. There was evidence in the care records of progress in the nurse's standard of documentation and that this nurse was taking the lead in making appropriate referrals and responding to patients' needs. The nurse was now working as the second nurse supported by colleagues and management to further develop her skills and confidence.

As previously stated above, a review of two patient care records evidenced that risk assessments and care plans had been appropriately updated in response to changes in the patients' conditions. Referrals had been made to relevant professionals in a timely manner and there was evidence that these had been followed up appropriately.

Systems had been implemented to enable effective teamwork and the allocation of duties to ensure that the needs of patients were met. As previously stated, the handover report book and allocation system were now in place and well understood by all staff.

Evidence was available to validate compliance with the requirements of this failure to comply notice.

I agree with the content of the report.

Registered manager	Vincy vincent	Date Completed	23/12/15
Registered Person	Raymond Murphy	Date Approved	23/12/15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	4/1/16

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

Please complete in full and return to nursing.team@rqia.org.uk from the authorised email address

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.