Colinvale Court
RQIA ID:1074
Glen Road
Belfast
BT11 8BU

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Unannounced Enforcement Compliance Inspection of Colinvale Court

16 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced enforcement compliance inspection took place on 16 December 2015 from 09.30 to 16.30 hours.

The purpose of the inspection was to assess the level of compliance achieved by the home in relation to a failure to comply notice, FTC/NH/1074/2015-2016/01(E), issued on 14 September 2015. The areas for improvement and compliance with regulation were in relation to the governance and management arrangements in the home. The date for compliance with the notice was 16 December 2015.

FTC Ref: FTC/NH/1074/2015-2016/01(E)

Evidence was available that compliance was achieved with the above failure to comply notice regarding robust governance and management arrangements in the home.

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.

Three enforcement monitoring inspections were carried out between 1 October and 17 November 2015 to assess compliance with the failure to comply notices. Compliance was achieved with three out of the four notices.

However, at the inspection on 16 and 17 November 2015, evidence was not available to validate compliance with FTC/NH/1074/2015-2016/01(E), regarding the governance and management arrangements. Following a senior management meeting at RQIA on 18 November 2015, it was decided to extend the compliance date of this notice up to the legislative timeframe of 90 days with compliance to be achieved by 16 December 2015.

1.2 Actions/Enforcement Resulting From This Inspection

FTC Ref: FTC/NH/1074/2015-2016/01 (E)

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

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	**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: 26	**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 one out of four failure to comply notices issued on 14 September 2015. This notice was in relation to the governance and management arrangements in the home. The date for compliance on the notice was 16 December 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
- discussion with staff
- observation of care practices
- a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005
- the previous enforcement monitoring inspection on 16 and 17 November 2015

The following records were reviewed during the inspection:

- two patients' care records and a number of daily charts
- the staff duty rota
- staff supervision records
- staff training records
- staff induction records
- staff appraisal records
- competency and capability assessments for registered nurses
- the staff allocation books for day and night staff
- the shift handover record
- the minutes of staff meetings
- management meeting records
- audits conducted in the home
- the complaints records
- incidents and accidents records

5. The Inspection

5.1 FTC Ref: FTC/NH/1074/2015-2016/01(E)

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.

The manager for the home, Vincy Vincent, was working full time hours supported by the permanent, deputy manager, Mrs Norma Gilgunn. The deputy manager was working at least two days per week. A review of the duty rota from 14 to 27 December 2015, evidenced that they had overlapped by one shift each week to facilitate hand over to one another; they confirmed their intention to sustain this arrangement going forward. Since the previous inspection, a monthly plan had been developed and implemented which detailed the respective roles and responsibilities of the manager and the deputy manager, for example, duty rota, audits and the staff register. This was discussed further with the manager and deputy manager and advice provided regarding further development of this schedule.

Both the manager and the deputy manager had completed an induction. These were signed off appropriately and had been forwarded to RQIA, as requested, prior to the inspection. Vincy Vincent advised that she had attended the RCN five day management course from 23 November 2015 and found this very beneficial. Since the previous inspection there was evidence of regular support meetings between Vincy Vincent and a registered manager of another home within the group. The manager also indicated her intention to apply for registration with RQIA.

At the previous inspection, a patient had been identified who had been admitted outside of the category of care for which the home is registered. This had been appropriately followed up by the manager with the trust. The manager is to inform RQIA of progress and any outcome.

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 at the previous inspection on 16 and 17 November 2015 and were deemed satisfactory. The nurse in charge continued to be clearly indicated on the duty rota.

Two staff induction records were reviewed, one of which required to be signed off and validated by the deputy manager, who agreed to address this promptly.

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

A record of management meetings was in place and there was evidence that the agenda had been made available for staff in advance to raise any matters. Relevant issues were identified and discussed at these meetings; however, outcomes and actions agreed were not always clear. This was discussed with the registered person and manager who agreed to address this matter. Staff meetings had also taken place and minutes were available. Staff unable to attend had read and signed the minutes. The manager should consider ways to ensure all staff have access to and are aware of the outcomes from these meetings. The registered person had stated at the last inspection that he, or one of the senior management team, conducted a daily walk-around the home but no records had been kept. Since the previous inspection, a record of these walk-arounds has been maintained and there was evidence that any issues identified had been appropriately addressed.

Systems for the day to day running of the home had been implemented at the previous inspection and were evidenced to have been sustained. A handover book recorded meaningful comments regarding patients and any issues identified had been appropriately followed up.

A 24 hour shift report was also being completed to communicate events which had occurred during each shift to the nurse in charge. These were consistently completed and were reviewed by the manager. One staff nurse consulted indicated that these were very useful.

Allocation books, one for day staff and one for night duty staff, were in use. These detailed which unit each staff member was to work in, their assigned group of patients and the duties to be carried out, including cleaning and audits. Care staff had been assigned a group of approximately six patients and care staff confirmed that this system was working well. Teams were being led by a registered nurse and, from observation and consultation with staff, there was evidence of effective team working.

A number of audits were being conducted including decontamination, meal times, patients' personal hygiene, kitchen audit, care records and medications. Since the previous inspection, the manager had completed an annual audit schedule with details of when each audit was due. It was noted that a monthly audit planner was also in place for registered nurses and this was displayed in the nurses' office.

However, the responsibility for these audits was not always clearly indicated and the manager agreed to ensure that each audit would be assigned to a specific staff member. It was further noted that the mealtime audit did not specify which mealtime was being observed. The manager agreed to address this with relevant staff.

A restrictive practice audit had been completed since the previous inspection and this had been forwarded to RQIA as agreed. These had been included in the audit schedule to be completed on a monthly basis thereafter. No patients were found to be inappropriately restrained and the manager had provided a copy of Standard 18 of the Care Standards for Nursing Homes (2015), in relation to restrictive practice, for nursing staff to read. The majority of nursing staff had signed that this standard had been read. Following further discussion, the manager agreed to ensure that the RCN guidelines on restrictive practice were also made available for staff.

A review of incident and accident records in the home evidenced that these had been managed and followed up appropriately.

There was evidence of individual and group supervision for all grades of staff. A schedule for supervision extending into 2016 had been completed. This identified the roles and responsibilities of staff in supervision and registered nurses were now responsible for the supervision of a number of care staff.

Appraisals had also been carried out for the majority of staff. A review of staff training records confirmed that relevant staff had completed appraisal training. The full name of the staff member undergoing appraisal and the date was not consistently recorded. The review date was set for the same time next year but there was insufficient evidence that any issues identified would be followed up prior to this date if required. For instance, these issues were not linked to ongoing supervision with staff. These issues were discussed with the manager and deputy manager and further development is required to ensure that the appraisal process is effective as a development and quality improvement mechanism.

Mandatory training records were reviewed and it was noted that these had been updated on 8 December 2015 and there was evidence of a rolling programme of training. For example, fire safety training and a fire drill took place on 18 and 19 November 2015 for the majority of staff. The records were reflective of the staff currently working in the home.

The home was found to be clean, well presented and there was no evidence of malodours. The theme of Christmas and decorations were in place throughout the home and music was being provided by two relatives in the activities room. Patients were observed participating and enjoying the activity. In addition to the registered person's daily walk-arounds, the manager was continuing the practice of daily walk-arounds to identify issues with the environment. Issues identified were recorded and these were ticked as completed when addressed. A more detailed environmental audit was noted to be carried out on a monthly basis. Although this identified various issues, the audit required further development to include any actions taken in response and confirmation that matters were addressed. The manager's monitoring of the home also included her observations of care practices, with evidence that staff had been challenged appropriately. In discussion with the deputy manager and manager, it was recommended that staff care practice issues should be followed up and recorded as part of a staff member's supervision and evidently monitored for improvement. Both managers agreed to take this forward.

The manager and deputy manager were both observed to be on the floor leading and directing care and acting as role models for other staff. There had been no formal performance management issues since the last inspection and those staff spoken with were clear about the standards expected by the manager. Meeting records evidenced that staff had been commended for their hard work and effort and improvements in the home

The lunch time meal was observed and the improved dining arrangements introduced at the previous inspection were still in place. Fluids were readily available for patients, assistance was given in a timely manner, patients were observed to be enjoying their meal and a pictorial menu was in place reflecting the meals served on that day.

The majority of patients were unable to communicate verbally with the inspectors**.** However patients were noted to be well presented and interaction between staff and patients was appropriate and friendly. Patients were observed to be enjoying their lunch time meal. A number of patients were also participating in the organised Christmas sing-a-long arranged by the activities co-ordinator.

Staff consulted were generally happy working in the home and commented positively on the new management arrangements. No concerns were raised.

A review of care records also found these to be well completed with evidence of review at least monthly or as the condition of the patient changed. Referrals had been made in a timely manner and followed up appropriately. Wound care records for one patient were reviewed. A care plan was in place reflective of the specialist tissue viability nurse's recommendations; the condition of the wound was recorded at each dressing change and was redressed with the required frequency. However, it was noted that on the weight chart the actual date on which the patient was weighed was not recorded. It was further noted that discontinued care plans were not being archived appropriately. These issues were discussed with the manager who agreed to address them with staff.

At the inspection on 7 September 2015, concerns had been identified in relation to the nursing care and the health and welfare of patients and two failure to comply notices were issued. Compliance with these notices was achieved at the inspection on 15 and16 October 2015. At this inspection, evidence was available to confirm that there had been sustained compliance with the actions detailed in these notices.

It was evident that both Vincy Vincent, manager, and Norma Gilgunn, deputy manager, have continued to focus on the areas identified for quality improvement and are ensuring the safety and wellbeing of patients accommodated in the home. Since the last inspection in mid-November 2015, the registered person and managers have demonstrated an ongoing effort and commitment to ensuring sustained compliance with improvements made to date and that they are fully embedded into practice.

Evidence was available to validate compliance with the notice.

I agree with the content of the report.			
Registered Manager	Vincy Vincent	**Date Completed**	01/02/16
Registered Person	Raymond Murphy	**Date Approved**	01/02/16
RQIA Inspector Assessing Response	Karen Scarlett	**Date Approved**	4/2/16
Please provide any additional comments or observations you may wish to make below:			

Please ensure this document is completed in full and returned 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.