

Inspection Report

26 July 2021



Colinvale Court

Type of Service: Nursing Home
Address: Glen Road,
Belfast, BT11 8BU
Tel no: 028 9060 4314

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mr Raymond Liam Murphy Responsible Person: Mr Raymond Liam Murphy	Registered Manager: Mrs Vincy Vincent Date registered: 13 June 2016
Person in charge at the time of inspection: Paula Kennedy - Nurse in Charge	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: 37
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 50 people. The home was divided into four units; Oak Unit, Elm Unit, Cherry Unit and Beech Unit.	

2.0 Inspection summary

An unannounced inspection took place on 26 July 2021 from 9.15 am to 4.30 pm by a care inspector.

The inspection assessed progress with all 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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate way and patients' needs were attended to in a timely manner.

Areas requiring improvement were identified around care records, the environment, infection prevention and control (IPC), Regulation 29 reports, the exterior of the home and fluid intake records.

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

Addressing the areas for improvement will further enhance the quality of care and services in Colinvale Court and assure RQIA further that the delivery of care and services provided is safe, effective, compassionate and that the home is well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Five patients told us they were "looked after very well" in the home. They raised no concerns and were happy with how they spent their day. They described staff as thoughtful and said they felt safe in the home. They were complimentary about the food and described it as "delicious".

A relative told us they were happy with the care provided at Colinvale Court. They said they were kept up to date with information about their relative regularly and they were happy that staffing levels met the needs of their relative.

No patient or relative questionnaires were received following the inspection and there was no response to the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 5 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) (d) (i) Stated: Second time	The registered person shall ensure that the environment is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (1) (a)(b) Stated: First time	The registered person shall ensure that the daily fluid intake for patients is recorded, evaluated and meaningfully reviewed by the care/nursing staff on a daily basis.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Records showed staff were recording daily fluid intake, however this was not evaluated and reviewed.	

Area for improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall ensure to give notice to RQIA without delay of the occurrence of any notifiable event.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure patients care plans in relation to repositioning and manual handling are sufficiently detailed to direct the care required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. The training programme in place was progressing well for staff and staff told us they were provided with a variety of training which was important for their role.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that there was enough staff on duty to meet the needs of the patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota also identified the person in charge when the manager was not on duty.

The nurse in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was evident that the patients' needs and wishes were important to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said there was always enough staff to provide good care and staff knew them well.

A patient's relative said staffing levels were good and that their relative "is safe here". "We are happy with the care here".

5.2.2 Care Delivery and Record Keeping

The staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. The staff were respectful, understanding and sensitive to patients' needs. Staff spoke to patients in a friendly tone and knew them well.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Care records showed that the daily fluid intake for patients was not evaluated and meaningfully reviewed by the care/nursing staff on a daily basis. This has been stated for improvement for a second time. In addition, patient care records did not reflect regular checking of the settings for pressure relieving mattresses. An area for improvement was identified.

It was observed that staff respected patients' privacy by their actions such as discussing patients' care in a confidential manner, knocking on bedroom doors before entering and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the tissue viability specialist nurse (TVN).

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; buzzer mats and ramble guards were in place when required. Examination of records and discussion with the nurse in charge confirmed that the risk of falling and falls were managed and further training provided when this was required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed during the lunchtime meal that patients were enjoying their meal and their dining experience. Staff took time to help those patients who required assistance with eating and drinking. There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. The lunch was a pleasant and unhurried experience for the patients.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patient care records were important to ensure patients received the right diet. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients and a relative said the food was delicious and that the cook was "really good". They said they had no concerns about the meals or nutritional care delivery.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy with corridors free from clutter and lounge areas homely and fresh smelling.

The outside courtyard area of the home required attention; for example, removing of weeds and cleaning to provide a suitable area for patients to spend time outdoors. This was discussed with the management team for their review and an area for improvement was made.

Patients' bedrooms were personalised with items important to the patient. It was observed that an identified assisted bath required to be repaired again to ensure it could be effectively cleaned in keeping with infection prevention and control (IPC) practice; a broken bath panel needed to be replaced and a sofa, found to be stained, required to be thoroughly cleaned. An area for improvement was identified.

In addition it was noted that a number of bedside cabinets, arm chairs, bathroom cabinets and a window handle were either damaged and could not be effectively cleaned or not fit for purpose and needed to be replaced. Details were discussed with the management team and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with DoH and IPC guidance.

Review of records, observation of practice and discussion with staff confirmed that effective training on the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Addressing the areas identified for improvement regarding the cleaning and maintenance of the environment and furnishings will ensure that the environment is suitable for patients use and infection prevention and control practices are improved.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or get up early if they preferred. The staff were observed offering other choices to patients throughout the day which included food and drink options, and where and how patients wished to spend their time.

There was a range of activities provided for patients including music, armchair exercises, hairdressing and patients were seen enjoying watching the Calamity Jane movie.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients and a relative said they felt safe here and were happy with the care provided. Patients said the food was good and they enjoyed it.

There were systems in place to support patients to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Vincy Vincent has been the manager in this home since 13 June 2016.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

There was a system in place to manage complaints. Complaints were documented and a record kept in the home of the outcome of the complaint process.

Staff commented positively about the manager and said she was supportive, approachable and provided direction when needed.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider. Records of these visits were maintained in keeping with legislation. However, the record did not evidence consultation with patients or their relatives. This was discussed with the management team for their review. An area for improvement was identified.

6.0 Conclusion

The environmental cleanliness of the home required improvement and repair or replacement was needed to seating and bedroom and bathroom equipment.

Patients were settled and relaxed in the home. Staff assisted patients to choose how they wished to spend their day.

There were safe systems in place to ensure staff were trained properly; and that patient's needs were met by the number of staff and skill of the staff on duty.

Based on the inspection findings six areas for improvement were identified. Two were in relation to safe and effective care, three were in relation to the environment and IPC and one was in relation to the service being well led; details can be found in the quality improvement plan (QIP) included. Addressing the identified areas for improvement will further enhance the standard of care provided by the home

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	3

* The total number of areas for improvement includes one that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Paula Kennedy, Nurse in Charge, and Raymond Murphy, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that the daily fluid intake for patients is recorded, evaluated and meaningfully reviewed by the care/nursing staff on a daily basis.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2021</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to chipped enamel on the identified assisted bath, a broken bath panel and stained sofas which required to be thoroughly cleaned. A system should be in place to identify broken or unclean equipment.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that the record of the visits undertaken by the Registered Provider include details of consultation with patients and relatives in accordance with legislation.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.8 Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that all nursing and social care interventions are recorded and appropriate to the residents' individual needs. This is in relation to recording of regular checking of the settings for pressure relieving mattresses. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 44.2 Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure the courtyard is kept tidy, safe and accessible to patients. Ref: 5.2.3
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 44 Stated: First time To be completed by: 31 August 2021	The responsible person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose. This is in relation bedside cabinets, arm chairs, bathroom cabinets and a window handle were either damaged and could not be effectively cleaned or not fit for purpose and needed to be replaced. Ref: 5.2.3
	Response by registered person detailing the actions taken:

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews