



The Regulation and
Quality Improvement
Authority

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

Inspector: Heather Sleator
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**Unannounced Enforcement Compliance Inspection
of
Colinvale Court
1 October 2015**

**The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced enforcement compliance inspection took place on 1 October 2015 from 09.30 to 14.30.

The purpose of the inspection was to assess the level of compliance achieved by management of the home in relation to two of the Failure to Comply Notices issued on 14 September 2015. The areas for improvement and compliance with regulation were in relation to 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.

The date for compliance with the notices was 1 October 2015.

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

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

Evidence was not available to validate full compliance with the above Failure to Comply Notices. However, there was evidence of some improvement and progress made to address the required actions specified within the two notices. Following the inspection, RQIA senior management held a meeting on 2 October 2015 and given the fact some progress had been made a decision was made to extend the compliance date of the notices. Compliance with the notices must be achieved by 16 October 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, these related to management and governance arrangements, competence of nursing staff, health and welfare of patients and nursing care.

1.2 Actions/Enforcement* Resulting From This Inspection

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 with a date of compliance to be achieved by 16 October 2015.

*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

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|---|---|
| Registered Organisation/Registered Person: Mr Raymond Liam Murphy | Registered Manager: Vincy Vincent – interim manager |
| Person in Charge of the Home at the Time of Inspection: Vincy Vincent | Date Manager Registered: Not applicable |
| Categories of Care: NH-DE | Number of Registered Places: 50 |
| Number of Patients Accommodated on Day of Inspection: 28 | Weekly Tariff at Time of Inspection: £593 per week |

3. Inspection Focus

The inspection sought to assess the level of compliance with the required actions indicated within two of the Failure to Comply Notices issued on 14 September 2015. The date for compliance on the notices was 1 October 2015.

4. Methods/Process

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

- discussion with the registered person, Raymond Murphy
- discussion with the interim manager, Vincy Vincent
- discussion with patients and staff
- review of the staff duty rota
- review of four patient care records
- review of two competency and capability assessments for registered nurses
- review of staff allocation of duties book
- review of shift handover record
- review of the minutes of staff meetings
- observation of care practices
- observation of the environment during a tour of the home
- evaluation and feedback

5. The Inspection

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

Notice of Failure to Comply with Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005

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.

The registered person had informed RQIA that interim management arrangements had been put in place following the inspection of 7 September 2015. The registered person stated Vincy Vincent had agreed to be the interim manager three days per week. The interim manager would be supported by the registered manager of Louisville, Geetha Rajappan the remaining two days. However, the registered person contacted RQIA on 29 September 2015 and stated that the interim manager would be working four days a week and he had employed a second deputy to work in a managerial capacity one day a week when the interim manager was not on duty. This arrangement commenced on 30 September 2015.

In discussion with the interim manager she was unable to confirm that she had received an induction in relation to her role on commencement of her post. There was no evidence the registered person had assured himself of the competency of the interim manager and there was no evidence that the newly appointed deputy manager had worked in a supernumerary capacity with the interim manager to coordinate the day to day management of the home and the delivery of patient care. Robust management arrangements were not in place over a seven day period and the competency of the registered nurse in charge of the home each day had not been assessed.

The review of the staffing arrangements confirmed there were sufficient numbers of staff rostered on a daily basis for the number of patients in the home. However, as was evidenced at the time of inspection, staff sickness levels had increased. The registered person was unable to confirm if the commissioning Trust had been informed when the required level of competent nurse cover was not available. The registered person stated he was not aware that he had to do this. The review of the staff duty rota confirmed that two newly qualified nurses were not the designated nurse in charge of any shift. The review of the competency and capability assessments of two registered nurses who are in charge of the home, did not evidence the registered person had assured himself of their competency through the review and revision of their competency and capability assessment.

Care staff confirmed they received a detailed handover report when commencing duty. Care staff were able to discuss patients' wellbeing and their individual care needs. They also stated they were assigned where they would be working via the staff allocation book. This was reviewed and it confirmed which unit care assistants were allocated to i.e. Beech, Oak, Cherry or Elm unit. No other information or guidance was stated. Care staff stated they felt there had been some improvements in the home in recent weeks but that staff shortages, through sickness, was having an impact on their ability to deliver care. .

Patients were observed throughout the inspection and it was noted they were appropriately clothed and patients' appearance and personal care needs had been more diligently addressed by staff.

A new housekeeper had been appointed. In discussion the housekeeper confirmed she monitors the standard of cleanliness and hygiene on a daily basis and that, on a number of occasions, she had addressed shortfalls identified with housekeeping staff. An improved standard of cleanliness and hygiene was evident at the time of the inspection and there were no malodours noted.

Evidence was not provided to validate full compliance with the requirements of the failure to comply notice. RQIA senior management made a decision to extend the notice to 16 October 2015.

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

Notice of Failure to Comply with Regulation 20 (1) of the Nursing Homes Regulations (Northern Ireland) 2005

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;**

Nursing staff confirmed a handover report is given at the start of each shift. A written report is produced by the nurse leading the handover report. Once the report is given the written information is discarded. Therefore there was no evidence available to review how nursing staff report on the wellbeing of patients and plan and prioritise the duties for the day. Some information was retained in the daily diary, for example, where contact with a GP was needed. A new template regarding the activities of a work shift had been recently introduced, however as there were only a few available it was difficult for a thorough assessment of their robustness to be made.

The interim manager stated she maintains a high profile on the floor monitoring the standard of care. Care staff confirmed the interim manager does, as far as possible, work alongside staff and assist patients and staff in the mornings and at mealtimes. However, there was a lack of evidence to support a systematic approach to the delivery of care and subsequent monitoring of patients' care needs was in place. With the exception of an allocation book for care staff there was a lack of evidence as to how registered nurses assess, plan for and monitor the needs of the patients.

A staff meeting had been held on 17 September 2015. The review of the minutes of the meeting confirmed that the 16 members of the staff team present at the meeting had been informed that 'issues' had been identified at the recent inspection. The minutes did not reflect the nature of the issues discussed. A registered nurses meeting was held after the general staff meeting. At this time individual responsibilities were delegated to nursing staff, for example, one nurse is responsible for wound care management. Information was not present as to how the nurse would undertake this responsibility and how the delegation of specific duties would ensure the delivery of safe and effective care to patients.

Senior staff of the local commissioning Trust had been working closely with staff in the home on a daily basis. Trust staff had identified a number of nursing care issues where action was required. Where a deficit had been identified by trust staff the information had been fed back to the registered person and the interim manager for actioning. Trust staff were undertaking care reviews on the day of inspection. Patients' representatives had been invited to attend the care reviews.

Nursing care records had recently been re-written. The care planning process had reverted back to the process operational in the home prior to the enforcement proceedings of August 2014. Due to a new system being implemented, quality auditing of care records had not taken place.

Evidence was not provided to validate full compliance with the requirements of the failure to comply notice. RQIA senior management made a decision to extend the notice up to the 16 October 2015.

I agree with the content of the report.

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|--|-------------------|-----------------------|----------|
| Registered Manager | Mrs vincy vincent | Date Completed | 5/11/15 |
| Registered Person | Mr Raymond murphy | Date Approved | 5/11/15 |
| RQIA Inspector Assessing Response | Karen Scarlett | Date Approved | 18/11/15 |

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.