

## **Unannounced Enforcement Compliance Inspection**

<b>Name of Establishment:</b>	<b>Colinvale Court</b>
<b>Establishment ID No:</b>	<b>1074</b>
<b>Date of Inspection:</b>	<b>10 November 2014</b>
<b>Inspectors' Names:</b>	<b>Sharon McKnight and Lorraine Wilson</b>
<b>Inspection ID</b>	<b>IN020861</b>

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Home:</b>	Colinvale Court
<b>Address:</b>	Glen Road Belfast BT11 8BU
<b>Telephone Number:</b>	0289060 4316
<b>E mail Address:</b>	louisvillegroup@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Raymond Murphy
<b>Registered Manager:</b>	Stephanie Shannon
<b>Person in Charge of the Home at the Time of Inspection:</b>	Aveen Donnelly, temporary nurse manager
<b>Categories of Care:</b>	DE - dementia
<b>Number of Registered Places:</b>	50
<b>Number of Patients Accommodated on Day of Inspection:</b>	38
<b>Date and Type of Previous Inspection:</b>	Announced Enforcement Compliance Inspection 6 & 7 October 2014
<b>Date and Time of Inspection:</b>	10 November 2014 10 00 – 17 10 hours
<b>Name of Inspectors:</b>	Lorraine Wilson Sharon McKnight

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an announced inspection to assess the level of compliance achieved with six Failure to Comply Notices which had been issued on 8 August 2014, and which had been extended until 8 November 2014.

The report details the extent to which compliance has been achieved and if any further actions are required.

### **1.1 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The aim of the inspection was to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following Failure to Comply Notices:

**FTC Ref:**     FTC/NH/1074/2014-15/01(E)  
                  FTC/NH/1074/2014-15/02(E)  
                  FTC/NH/1074/2014-15/05(E)  
                  FTC/NH/1074/2014-15/08(E)  
                  FTC/NH/1074/2014-15/09(E)  
                  FTC/NH/1074/2014-15/10(E)

## **1.2 Methods/Process**

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

- Discussion with the Registered Provider, Raymond Murphy
- Discussion with, Aveen Donnelly, temporary nurse manager
- Discussion with Deborah Oktar Campbell, management consultant
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of staff training records
- Review of a sample of staff duty rota
- Review of a sample of care plans
- Examination of the environment
- Observation of the dining experience
- Review of the documentation relating to staff supervision and appraisal
- Evaluation and feedback at the conclusion of the inspection

### 1.3 Inspection Focus

Ten Failure to Comply Notices were issued on 8 August 2014. A compliance monitoring inspection was undertaken on 6 & 7 October 2014.

The inspection sought to establish the level of compliance being achieved with respect to the 6 Failure to Comply Notices issued 8 August 2014. It was evident that the necessary actions had been taken to comply with four of the Failure to Comply Notices.

The necessary actions had not been taken to comply with six of the Failure to Comply Notices and subsequently the Failure to Comply Notices was extended until 8 November 2014.

The breaches of legislation identified in the Failure to Comply Notice were as follows:

#### 1. FTC Ref: FTC/NH/1074/2014-15/01(E)

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)**

12 (4) The registered person shall ensure that food and fluids –

- (a) are provided in adequate quantities and at appropriate intervals;
- (b) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
- (c) are suitable for the needs of patients;
- (d) provide choice for the patients; and
- (e) that the menu is varied at suitable intervals.

#### 2. FTC Ref: FTC/NH/1074/2014-15/02(E)

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 16 (1) ) and 16(2)(a) and (b)**

- (1) The registered person must ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.
- (2) The registered person must ensure that –
  - (a) the patient's plan is available to the patient;
  - (b) the patient's plan is kept under review;

**3. FTC Ref: FTC/NH/1074/2014-15/05(E)**

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 10 (1)**

- (1) The registered provider and the registered manager must, 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.

**4. FTC Ref: FTC/NH/1074/2014-15/08(E)**

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20(1) (c) (i)**

- (1) The registered person must, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –
  - (c) ensure that the persons employed by the registered person to work at the nursing home receive –
    - (i) appraisal, mandatory training and other training appropriate to the work they are to perform; and

**5. FTC Ref: FTC/NH/1074/2014-15/09(E)**

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (2)**

- (2) The registered person must ensure that persons working at the nursing home are appropriately supervised.

**6. FTC Ref: FTC/NH/1074/2014-15/10(E)**

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (3)**

- (3) The registered person must ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

Colinvale Court Nursing home is situated on the Glen Road in west Belfast. The nursing home is owned and operated by Mr Raymond Murphy.

The registered manager Ms Stephanie Shannon is currently on unplanned leave. An interim manager is in post for a temporary period.

Accommodation for patients is provided on both floors of the home. Accommodation for 45 patients is on the ground floor. There is a small five bedded unit on the first floor of the home. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided. The ground floor of the home provides four lounge and domestic style kitchen/dinette areas. Bedrooms are located off the corridors close to a lounge area.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. There are two internal courtyards which patients can access from the lounge areas.

The home is registered to provide care for a maximum of 50 persons under the following categories of care:

### Nursing care

DE            dementia care

## 3.0 Summary

This summary provides an overview of the services examined during an announced enforcement compliance inspection to Colinvale Court Nursing Home. The inspection was undertaken by Sharon McKnight and Lorraine Wilson on 10 November 2014 from 10:00 to 17:10 hours.

The inspectors were welcomed into the home by Aveen Donnelly, temporary nurse manager and Deborah Ocktar Campbell, management consultant who were available throughout the inspection.

Verbal feedback of the issues identified during the inspection was given to Raymond Murphy, responsible person, Aveen Donnelly and Deborah Ocktar Campbell at the conclusion of the inspection.

The purpose of the inspection was to assess the level of compliance achieved by the home with the 6 Notices of Failure to Comply with Regulations issued on 8 August 2014.

During the course of the inspection, the inspectors met with patients and staff. The inspectors observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

Progress in addressing 13 requirements which were made during previous inspections was reviewed. Eight of the requirements had been subsumed in the failure to comply notices and



were assessed as compliant. Four of the requirements were monitored as part of the failure to comply notices and were assessed as compliant. One requirement demonstrated improvement and a further requirement has been made requesting a copy of the annual quality review report to be submitted.

Progress in addressing eleven recommendations was also assessed. Evidence of compliance of six recommendations was obtained when monitoring the failure to comply notices, two are restated for a second time and three were not assessed and will be followed up during the next care inspection of the home.

Details of the findings are included in the main body of the report.

A number of additional areas outside the remit of the Failure to Comply Notices were identified during this inspection and these have been detailed in the report and in the Quality Improvement Plan (QIP) appended to this report.

## **Conclusion**

Patients observed looked well cared for and care records reviewed evidenced that the care needs were being met. There was evidence that nursing staff endeavoured to consult with representatives regarding the planning of care, and this continues as a work in progress.

The provision of activity and stimulation provided evidenced improvements. The home's designated activity person had arranged outings to places of historical interest and photographs of the visits were on display in the home. Events were also arranged within the home for patients to enjoy.

There was evidence that work had commenced on providing pictorial daily menus and these were on display. Since the previous inspection, the arrangements for serving meals had been reviewed. However, whilst a change in practice had occurred insufficient assurance could be provided that patients' were receiving a meal served at the correct temperature in two of the four units of the home. In acknowledging that choice was recorded on the menu, patients on therapeutic diets were not offered a choice, particularly for evening meals.

There was good evidence of leadership and governance arrangements in place. The responsible individual has ensured that the home was effectively managed in the absence of the registered manager. A temporary manger has been in place for a time limited period and confirmation was provided that interim management arrangements are to take effect when the temporary management arrangements conclude. Recruitment for an interim manager was underway at the time of inspection.

The staffing in the home is in keeping with RQIA staffing guidelines, and there was an ongoing recruitment drive to recruit permanent staff and reduce the number of agency staff being used by the home. A sample of agency staff profiles reviewed evidenced they had received mandatory training from the respective agencies.

There had been no new appointments since the July 2014 inspection. Confirmation was provided that staff induction programmes have been revised with plans underway to ensure that all staff and any newly appointed staff are inducted using the revised format.

Competency and capability assessments were in place for all registered nurses who take charge of the home in the absence of the manager.

Staff had received mandatory training and other training relevant to the work they perform, for example dementia training had been provided to some staff with other training dates to be arranged for the remaining staff. Records confirmed staff had received training in safeguarding adults. A policy in relation to safeguarding adults which identified the agencies to contact should staff have concerns was in place and cues were on display. One nurse consulted demonstrated sound knowledge in how to respond to allegations or incidents of abuse.

There is good evidence that staff have received supervision sessions and records were available to evidence this process. Appraisal of staff had commenced and this continues as a work in progress.

Quality assurance systems were in place, for example, infection prevention and control audits and hand washing audits.

The management consultant had undertaken a monthly review of the service on the 9 November 2014, and the inspectors reviewed the report which indicated the actions taken in response to failure to comply notices. Shortfalls requiring action had also been identified. The inspectors noted that a dementia audit had yet to take place. Information was provided post inspection that a dementia audit would take place as a priority.

The environment of the home including patients' bedrooms, kitchenettes, lounges, bathrooms, and store areas were observed to be clean and well maintained.

One health and safety issue was identified in respect of one identified patient. The importance of the identified risk being recorded and effectively managed was discussed with the responsible individual and temporary manager. A requirement was made in respect of the identified issue.

Three requirements and seven recommendations have been made as a result of this inspection.

The work undertaken by the responsible individual and interim management support is acknowledged.

In addition the inspectors would like to thank the patients and staff for their assistance and co-operation throughout the inspection process.

## **Post inspection**

The extended failure to comply notices expired on 8 November 2014, and it was evident during this inspection that improvements had been made.

The outcome of the inspection was discussed with the Director of Regulation and Nursing, Head of Programme for Nursing Homes, Independent Healthcare and Pharmacy Regulation and the inspectors on 14 November 2014, when it was agreed that there was sufficient evidence to demonstrate compliance with the six failure to comply notices.

It was also agreed that the conditions imposed by RQIA on the registration of the service would continue to remain in place until RQIA were assured that the improvements in the delivery of care have been effectively sustained and embedded into day to day practice.

An inspector spoke with Mr Raymond Murphy, responsible person on 14 November 2014 and informed him of the inspection outcome.

#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16 (1)	The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or the patient's representative as to how the patient's needs, in respect of his health and welfare is to be met.	This requirement has been subsumed into failure to comply notice 2, and is reported on within the report and is compliant.	Compliant.
2	15 (1) and (2) (b) 16 (1) and (2)	The registered person shall ensure the assessment of patient need is in accordance with regulation and professional guidance.  The written plan of care is to be in accordance with regulation and professional guidance.	This requirement has been subsumed into failure to comply notice2, and is reported on within the report and is compliant.	Compliant.
3	20 (1) (c) (i)	The registered person shall ensure all staff employed to work in the nursing home receive mandatory training.	This requirement has been subsumed into failure to comply notice 4, and is reported on within the report and is compliant.	Compliant.

4	19 (2) Schedule 4 (6 g)	Accurate records of training must be maintained in accordance with minimum standards.	This requirement has been monitored in accordance with failure to comply notice 4, and is reported on within the report and is compliant.	Compliant.
5	20 (1) (a)	It is required that new employees complete a programme of induction which is validated by the registered person or the registered nurse in charge of the home in their absence.	This requirement has been monitored in accordance with failure to comply notice 4, and is reported on within the report and is compliant.	Compliant
6	20 (2)	The registered person shall ensure that persons working in the nursing home are appropriately supervised.	This requirement has been subsumed into failure to comply notice 5, and is reported on within the report and is compliant.	Compliant
7	20 (1) (c) (i)	The registered person shall ensure all staff employed to work in the nursing home receive appraisal.	This requirement has been subsumed into failure to comply notice 4 and is compliant.	Compliant

8	20 (3)	The registered person shall ensure that at all times a nurse working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period in his absence.	This requirement has been subsumed into failure to comply notice 4, and is reported on within the report and is compliant.	Compliant
9	17 (1), (2) and (3)	<p>The registered person shall introduce and ensure systems are maintained for reviewing the quality of nursing and other service provision in the nursing home.</p> <p>A report is to be written on an annual basis and evidence consultation with patients and their representatives (Standard 25. 13).</p>	<p>The inspectors evidenced that improvements made to the management and governance arrangements within the home, in areas such as consultation with patients/representatives, monitoring audits and re-audits, and the improvements which have made within the home environment will enable an annual report to be produced by the registered provider.</p> <p>This requirement will not be restated.</p> <p>However, the completed annual quality review report must be submitted to RQIA when returning the Quality Improvement Plan. A requirement has been made in this regard.</p>	Substantially Compliant

10	20 (1) (c)	<p>Care staff should receive training in basic food hygiene principles.</p> <p>This training can be delivered 'in house' by a person qualified in basic food hygiene from a recognised awarding body such as the local council.</p> <p>The registered manager must ensure that this training meets the needs of the nursing home.</p>	<p>This requirement has been subsumed into failure to comply notice 4, and is reported on within the report and is compliant</p>	Compliant
11	10 (1)	<p>Given the number of requirements issued for a second time in respect of day to day operational issues and governance, such as appraisal, supervisions etc.; it is required that the registered provider reviews the role and function of the registered manager to ensure that the registered manager can fulfil her role in accordance with regulations.</p>	<p>This requirement in part has been subsumed into failure to comply notice 3 and is reported on within the report. This is in relation to day to day operational issues and governance of the home.</p> <p>The responsible individual has provided a verbal assurance to RQIA that the role of the registered manager of Colinvale Court will be reviewed and updated in accordance with the requirements of the failure to comply notices. Therefore this requirement is assessed as compliant.</p> <p>However, a further requirement is made that RQIA receive the following information:</p> <ul style="list-style-type: none"> <li>• written confirmation detailing the review</li> </ul>	Compliant

			<p>outcome of the registered manager revised</p> <ul style="list-style-type: none"><li>• Statement of Purpose for Colinvale Court detailing the operational management arrangements</li><li>• A revised job description in respect of the registered manager for Colinvale Court.</li></ul>	
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12	17 (1)	<p>It is required that the registered person/s ensures that the monitoring and audit of care records, in general, is undertaken on a regular basis and included as part of the overall quality assurances system of the home.</p> <p>Evidence of action taken to address identified deficits must be maintained.</p>	<p>This requirement has been monitored in accordance with failure to comply notice 2, and is reported on within the report and is compliant.</p>	Compliant
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13	12 (1) (a) and (b)	<p>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 –</p> <ul style="list-style-type: none"> <li>(a) Meet his individual needs;</li> <li>(b) Reflect current best practice</li> </ul> <p>The registered manager must ensure staff afford a high standard of personal care to patients and systems have been implemented to monitor personal care afforded to patients.</p>	<p>This requirement has been monitored in accordance with failure to comply notice 2, and is reported on within the report and is compliant.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28.8	It is recommended staff maintain a reflective learning log following the receipt of any training. The effect of training on practice should be evaluated as part of quality improvement.	The inspectors did not assess this recommendation at the time of inspection. The recommendation is carried forward for review at the next inspection.	Not Assessed
2	25.11	It is recommended that the implementation of 'focused' care record audits be considered as discussed. This will enable the registered manager to evidence day to day operational control.	This recommendation has been monitored in accordance with failure to comply notice 2, and is reported on within the report and is compliant.	Compliant
3	25.11	It is recommended a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced. The registered manager should confirm shortfalls have been addressed in a timely manner.	This recommendation has been monitored in accordance with failure to comply notice 2, and is reported on within the report and is compliant.	Compliant

4	12.4	It is recommended the daily menu is displayed in a suitable format and in an appropriate location, so that patients and their representatives know what is available at each mealtime.	The inspectors observed that the daily menu was displayed in each dining room in pictorial format on the day of inspection, and this continues to be an ongoing work in progress.	Compliant
5	12.3	<p>It is recommended the menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.</p> <p>A choice is also offered to those on therapeutic or specific diets.</p> <p>Records of the food eaten should evidence this.</p>	<p>The inspectors evidenced from the recorded menus and from the meals provided for lunch that a choice of meals was provided. Review of the menu evidenced that a choice was available for all patients at lunch and evening tea.</p> <p>The menus recorded that a choice was available for patients who required their meals pureed. However, despite the availability of choice, staff were not selecting choices on behalf of patients, therefore, patients receiving a therapeutic diet were mainly provided with soup and potatoes for their evening tea. Records of meals should evidence actual choices and be retained in the home.</p> <p>Therefore this recommendation has been revised to ensure the choices are reflected.</p>	Compliant

6	26	It is recommended that policies and procedures are devised which reflect legislative requirements and best practice guidance for governance arrangements and quality assurance processes.	The inspectors did not review this recommendation on the day of inspection. The recommendation is carried forward for review at the next inspection.	Not Assessed
7	28	It is recommended that when an employee completes their induction programme, that the registered manager reviews the induction document to ensure it is complete, validates the employee's knowledge and skills and confirms the successful completion of the induction programme.	This recommendation has been monitored in accordance with failure to comply notice 2, and is reported on within the report and is compliant.	Compliant

8	30.4	It is recommended that when a registered nurse completes their nurse in charge of the home competency and capability assessment, that the registered manager reviews the document to ensure it is complete, validates the registered nurse's knowledge and skills and confirms that the registered nurse can take charge of the nursing home in their absence.	This recommendation has been subsumed into failure to comply notice 6, and is reported on within the report and was compliant.	Compliant
9	35.1	It is recommended that the cleaning schedules for the home are revised so as to be more robust. Cleaning schedules should include all areas of the home and detail daily tasks, weekly tasks and monthly or deep cleaning tasks.	The inspectors did not assess this recommendation at the time of inspection. The recommendation is carried forward for review at the next inspection.	Not assessed

10	28.1	It is recommended evidence is present to verify agency staff have completed a structured induction and orientation when commencing in the home.	This recommendation has been subsumed into failure to comply notice 6, and is reported on within the report and was compliant.	Compliant
11	12.1	It is recommended the organisation of the serving of meals is revised. Meals should be served in a timely manner to meet patients' needs and at a temperature which is in accordance with nutritional guidelines.	<p>The inspectors observed that the meals were delivered to each of the four dining rooms and served plated from a heated trolley, however in two dining rooms the meals were left sitting whilst staff provided assistance to other patients'. In one unit a staff member confirmed that it would be 20-30 minutes before the last patient would be assisted with their meal. The inspectors were concerned that there was no facility for keeping these meals warm, and this was not recognised by nursing, care or catering staff until prompted by the inspectors.</p> <p><b>This is stated for a second time.</b></p>	Moving Towards Compliance

#### **4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since April 2014. The incidents are being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast Health and Social Care Trust (BHSCT). Multi agency investigations are ongoing involving the Police Service for Northern Ireland (PSNI) and Belfast Health and Social Care Trust. RQIA were not part of the investigatory process, however, RQIA have been kept informed at all stages of the investigations and have attended multi agency strategy meetings as deemed appropriate.



## 5.1 FTC Ref: FTC/NH/1074/2014-15/01(E)

### Regulation not complied with:

#### The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)

12 (4) The registered person shall ensure that food and fluids –

- (f) are provided in adequate quantities and at appropriate intervals;
- (g) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
- (h) are suitable for the needs of patients;
- (i) provide choice for the patients; and
- (j) that the menu is varied at suitable intervals.

### Inspection findings

The inspectors observed the serving of lunch in the four dining rooms of the home. The meals delivered to each dining room were served plated from a heated trolley. Dining room tables were set with a range of crockery, cutlery and glassware suited to the needs of the patients. A selection of condiments was available in three of the four dining rooms. The menu was displayed in each dining room, and pictorial daily menus were observed on display on each of the dining tables.

The lunch served on the day of inspection was a choice of roast chicken or pork casserole, broccoli and creamed potatoes. Review of the menu evidenced that a choice was available for all patients at lunch and evening tea. The meal was nicely presented and smelt appetising.

Those patients who required a pureed meal were served their meal with each component pureed separately. Good interaction was observed between staff and patients with staff providing explanation of the nature of the meal and offering encouragement and gentle persuasion for patients to eat their lunch. Patients who had their lunch outside of the dining rooms were served their meal on a tray which was appropriately set with cutlery and with the meal covered.

Review of staff training records evidenced that 24 out of 47 staff had attended basic food hygiene training on 4 November 2014. The temporary manager confirmed that further training had been arranged for 16 November 2014.

Staff training records further evidenced that 46 out of 47 staff had undertaken training in infection prevention and control since commencement of the enforcement process.

The requirements set out in this Failure to Comply Notice have been assessed as compliant.

Areas for improvements, outside of the requirements of the failure to comply notice, were identified and are further discussed in section 6.1 of this report.

## **5.2 FTC Ref: FTC/NH/1074/2014-15/03(E)**

### **Regulation not complied with:**

#### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 16 (1) and 16 (2) (a) and (b)**

- (3) The registered person must ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.
- (4) The registered person must ensure that –
  - (a) the patient's plan is available to the patient;
  - (b) the patient's plan is kept under review;

### **Inspection findings**

The four care records reviewed evidenced the home had written to relatives requesting to make appointments to review and contribute to updated care records. The charge nurse provided evidence that follow up contact had been undertaken via telephone on 8 and 9 November 2014. Assurances were provided that patient and relative consultation in respect of health and welfare would be ongoing.

There was recorded evidence that all care plans had been reviewed, updated and rewritten since the commencement of the enforcement process. Generally, the four care records reviewed were reflective of patients assessed needs.

There was life story information recorded in the four care records reviewed.

Three of the four patients reviewed had abbey pain assessments completed. The outcome of the assessment indicated no pain, therefore no care plan was required.

On the day of inspection there were no patients with pressure ulcers or who required wound care treatment, and a training session for wound care was being provided by the Belfast Health and Social Care Trust (BHSCT). Review of training records evidenced that two registered nurses had also recently attended wound care training.

Review of the repositioning charts for three patients evidenced that patients were being repositioned on a regular basis and records to evidence care delivery were maintained.

There was evidence that the four care records reviewed had each been audited once since the care plans had been rewritten. The temporary manager confirmed that a programme of audit for care records would continue and include a re-audit of the identified areas for improvement to complete the audit cycle

The requirements set out in this Failure to Comply Notice have been assessed as compliant.

Areas for improvement to care records, outside of the requirements of the failure to comply notice, were identified and are further discussed in section 6.2 of this report.

### 5.3 **FTC Ref: FTC/NH/1074/2014-15/05(E)**

#### **Regulation not complied with:**

#### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 10 (1)**

- (2) The registered provider and the registered manager must, 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.

There was good evidence of leadership and governance being in place. Since the commencement of enforcement the responsible individual has completed training, and has ensured the home was effectively managed in the absence of the registered manager.

A temporary manager has been in place for a time limited period and confirmation was provided that interim management arrangements are to take effect when the temporary management arrangements conclude. Recruitment for an interim manager was underway at the time of inspection

Review of staffing rotas and discussion with the acting manager, charge nurse and staff confirmed that planned staffing was in accordance with RQIA Staffing Guidance for Nursing Homes 2009.

Discussion with the acting manager and review of records evidenced that a system to deliver supervision and appraisal had been established and implemented.

Records of staff who had attended the training were available in the home. A copy of the training content was provided to RQIA following the inspection. A further date for training in dementia awareness was scheduled for 20 November 2014. The acting manager confirmed that it had been agreed with the BHSCT that training would be provided to identify staff to create dementia champions in each unit.

Training records evidenced that the following mandatory training had been completed since enforcement action commenced:

- First Aid – 99% of staff have received training in first aid
- Moving and Handling - 98% of staff have received training moving and handling
- Infection control – 98% of staff have received training in infection prevention and control
- Fire Safety – 94% of staff have received training in fire safety
- Safeguarding of vulnerable adults – 99% of staff have received training in safeguarding of vulnerable adults
- Basic Food Hygiene – 65% of staff have received training in basic food hygiene.
- Dementia awareness training was attended by 35% of staff on 29 October 2014. Care staff spoken with provided examples of how things in the home had improved, for example staff understanding of the behaviours displayed by people with dementia and the provision of activities.

The Statement of Purpose had been reviewed and was submitted to RQIA on 11 November 2014.

Copies of the reports of the Regulation 29 visits were available in the home. The most recent visit was undertaken on 9 November 2014. A report of this visit was available and a copy was submitted to RQIA on 12 November 2014. The inspectors can confirm that the reports of the Regulation 29 visits had been submitted to RQIA as required in accordance with the imposed condition of registration.

Ms Oktar Campbell, management consultant, provided confirmation to RQIA on 12 November 2014 that a dementia audit of the internal and external environment would be completed on Monday 17 November 2014 and an action plan forwarded to RQIA within 7 days following completion. An electronic mail confirming that the environmental audit had been completed was received by RQIA on 17 November 2014. An action plan was also attached. Monitoring of progress made in addressing the action plan will be reviewed during the next care inspection.

There was evidence of quality audits and action plans relating to infection prevention and control cleanliness of the premises, care records and the dining experience of patients.

The requirements set out in this Failure to Comply Notice have been assessed as compliant.

#### 5.4 FTC Ref: FTC/NH/1074/2014-15/08(E)

##### **Regulation not complied with:**

##### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20(1) (c) (i)**

(3) The registered person must, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

(c) ensure that the persons employed by the registered person to work at the nursing home receive –

(i) appraisal, mandatory training and other training appropriate to the work they are to perform;

A review of the records and discussion with staff evidenced that appraisal of staff had commenced and was ongoing.

Training records evidenced the following mandatory training had been completed since enforcement action commenced:

- First Aid – 99% of staff have received training in first aid.
- Moving and Handling - 98% of staff have received training in moving and handling
- Infection control – 98% of staff have received training in infection control.
- Fire Safety – 94% of staff have received training in fire safety.
- Safeguarding of vulnerable adults – 99% of staff had received training in safeguarding of vulnerable adults
- Basic Food Hygiene – 65% of staff have received training in basic food hygiene. Further dates had been arranged to ensure all staff receive training.

Review of training records evidenced that additional training undertaken included continence management and dysphagia training.

A training matrix and signing in sheets evidenced staff attendance had been completed. The records provided detail of the training undertaken by each individual member of staff.

A review of induction records for two staff who were in post prior to the enforcement action being taken identified that this was more of an orientation record as opposed to an induction record. The acting manager confirmed that there had been no new staff appointed since the enforcement action commenced. She further advised that all staff were to be re-inducted using a new induction booklet which had been devised. A timescale for completion of the new induction programme was confirmed to RQIA via electronic e mail on 12 November 2014. Confirmation should be submitted to RQIA that all staff have completed re-induction training.

A recommendation has been made.

The requirements set out in this Failure to Comply Notice have been assessed as compliant.

**5.5 FTC Ref: FTC/NH/1074/2014-15/09 (E)**

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (2)**

- (4) The registered person must ensure that persons working at the nursing home are appropriately supervised.

Discussion with the acting manager and review of records evidenced that a system to deliver supervision and appraisal had been established and implemented.

Review of training records evidenced that five registered nurses had attended competency and appraisal training on 23 October 2014.

The requirements set out in this Failure to Comply Notice have been assessed as compliant.



**5.6 FTC Ref: FTC/NH/1074/2014-15/10 (E)**

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (3)**

- (1) The registered person must ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence.

Review of the records evidenced that the competency and capability assessment accurately reflected the responsibilities of the nurse in charge of the home. An assessment had been completed with all the permanent members of nursing staff.

The acting manager assessments of competency for nurses who take charge of the home and are supplied by an employment agency was discussed. An individual profile of each nurse, containing statements of their competency with regard to taking charge had been provided by the employment agency.

The requirements set out in this Failure to Comply Notice have been assessed as compliant.

## **6.0 Additional Areas Examined**

### **6.1 Mealtimes**

The meals were delivered to each of the four dining rooms and served plated from a heated trolley, however in two dining rooms the plated covered meals were observed sitting on benches whilst staff provided assistance to patients. In one unit a staff member confirmed that it would be 20-30 minutes before the last patient would be assisted with their meal. There was no facility for keeping these meals warm, and this was not recognised by nursing, care or catering staff until prompted by the inspectors.

A previous recommendation had been made that the organisation of the serving of meals be revised. Meals should be served in a timely manner to meet patients' needs and at a temperature which is in accordance with nutritional guidelines. This recommendation is now stated for a second time.

The choice available for patients who required their meals pureed was discussed. Staff confirmed that generally those patients were provided with soup and potatoes for their evening tea despite availability of choice on the menu. A menu choice sheet was completed each day with the patient's choice of meal. However the chef confirmed that these records were not retained. It is acknowledged that care staff maintain records of how much food is eaten by each patient, however, as the menu choice is not recorded, there is insufficient detail to determine if the diet is satisfactory. The records of menu choices must be retained. The process of selecting meals for patients must be reviewed with care staff to ensure that the patients on therapeutic diets are receiving a choice of meal. Where patients are unable to communicate preferences and choices of food could be further developed with the involvement of patient representatives to ensure a patient centred approach. A recommendation has been made.

#### **6.2.1 Care Records**

The significant improvement in the standard of care records since the commencement of the enforcement process was acknowledged. As previously discussed the care records were assessed as compliant with regard to the failure to comply notice.

To ensure the care records reflect the dementia needs of each patient and the impact on daily life, improvements are needed.

It was identified that life story information could be further developed with the involvement of patient representatives.

The inspectors observed one patient with a scabbed area on their right arm. The patient's body map indicated the patient's skin was intact. It was agreed with the charge nurse on duty, that the patient's body map would be immediately reviewed. Body maps should accurately reflect any skin damage to patients' at all times.

The above issues should be reviewed as part of the care record audit process. A recommendation was made.

### **6.3 Risk Management**

A smell of cigarette smoke was evident in one patient's bedroom. Discussion with the domestic staff confirmed that the patient's bedroom had "just been cleaned" and two cigarette lighters were found underneath the patient's bed. This is a potential health and safety risk to patients. Therefore, effective checking systems must be implemented to manage this identified risk to ensure the health; welfare and safety of patients.

This issue required immediate action and was discussed with the temporary manager, and the responsible individual.

A requirement was made.

## **7.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Raymond Murphy and Aveen Donnelly, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Sharon McKnight**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Unannounced Enforcement Compliance Inspection

Colinvale Court

10 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Raymond Murphy, responsible person, Aveen Donnelly, temporary nurse manager at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	17(1)	<p>The registered person must ensure that a copy of the completed annual quality review report is submitted to RQIA.</p> <p><b>Ref: Follow up to previous inspection Requirement 9.</b></p>	One	Quality Review 08/01/15 - report will be submitted by extension date of 09/01/15.	When returning the Quality Improvement Plan
2	10(1)	<p>The registered person must supply the following information to RQIA:</p> <ul style="list-style-type: none"> <li>written confirmation detailing the review outcome for the registered manager</li> <li>a revised Statement of Purpose for Colinvale Court detailing the operational management arrangements</li> <li>a revised job description in respect of the registered manager for Colinvale Court.</li> </ul> <p><b>Ref: Follow up to previous inspection Requirement 11</b></p>	One	<p>A review regarding the Registered Manager will be held on conclusion to RQIA meeting scheduled for 14/01/15.</p> <p>A revised statement of Purpose notes Ibin Paul as the Acting Manager.</p> <p>A Job Description has been devised and is attached.</p>	When returning the Quality Improvement Plan

3	27(2)(t)	<p>The registered person must ensure that an effective risk assessment to identify and control hazards and risks throughout the home is completed and is updated as necessary.</p> <p><b>Ref: Section 6- Addition Areas Examined 6.3</b></p>	One	<p>Risk Register in place.</p> <p>Risk Assessment regarding Estates and Health and Safety planned by March 2015.</p>	From date of inspection
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**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	28.8	<p><b>Not Reviewed</b> It is recommended staff maintain a reflective learning log following the receipt of any training. The effect of training on practice should be evaluated as part of quality improvement.</p> <p><b>Ref Follow up to previous recommendation 1</b></p>	Three	<p>There is a matrix in place that will be updated on an ongoing basis to manage and monitor compliance appropriately going forward. This will include additional training as well as mandatory. Training content is held on file in the office.</p> <p>Staff are maintaining a CPD file of reflective practice.</p> <p>Effects of training to the floor will be monitored during audit.</p>	For follow up during next care inspection
2	12.3	<p>Records of the food eaten by patients' must evidence the choice provided to patients on therapeutic or specific diets.</p> <p><b>Ref Additional Information 6.1</b></p>	One	<p>Choices are available and this is recorded prior to the meal. The residents may still change their minds and an alternative meal will be provided.</p> <p>A choice is offered to those on therapeutic or special diets.</p> <p>Records are retained of food taken.</p>	From date of inspection



3	26	<p><b>Not Reviewed</b></p> <p>Policies and procedures are devised which reflect legislative requirements and best practice guidance for governance arrangements and quality assurance processes.</p> <p><b>Ref Follow up to previous recommendation 6</b></p>	Two	<p>Policies and Procedures have been devised to reflect legislative requirements and best practice.</p> <p>A new Risk Register is in place to support the Quality Assurance of the home.</p> <p>A review of all Policies and Procedures will take place in 2015.</p>	For follow up during next care inspection
4	35.1	<p><b>Not Reviewed</b></p> <p>Cleaning schedules for the home are revised so as to be more robust. Cleaning schedules should include all areas of the home and detail daily, weekly, monthly and deep cleaning tasks.</p> <p><b>Ref Follow up to previous recommendation 9</b></p>	Two	<p>The cleaning schedules have been updated to reflect daily, weekly, monthly and deep cleaning tasks for all areas.</p>	For follow up during next care inspection
5	12.1	<p>The organisation of the serving of meals is revised. Meals must be served in a timely manner to meet patients' needs and at a temperature which is in accordance with nutritional guidelines.</p> <p><b>Ref Follow up to previous recommendation 11 and Additional Information 6.1</b></p>	Two	<p>A pilot reorganising meal time routine was successful.</p> <p>Meals are served per unit in baine maries and are probed to ensure temperature maintained.</p> <p>Times of meals are appropriate with appropriate snacks in between meals.</p>	From date of inspection

6	28.4	<p>Confirmation should be submitted to RQIA that all staff have completed re-induction training within the agreed timescale.</p> <p><b>Ref Failure To Comply Notice 5.4</b></p>	One	<p>All staff have been reissued with Induction booklets. Full training has now been achieved.</p> <p>Some booklets are still in progress in terms of observation of all tasks to ensure the process is meaningful. These will be retained on file for audit purposes.</p>	When returning the Quality Improvement Plan
7	25.2	<p>The care record audit process should ensure that:</p> <ul style="list-style-type: none"> <li>• care records for each patient reflect their dementia needs and the impact on daily life.</li> <li>• each patient's life story information is developed further with the involvement of patient and or their representatives.</li> <li>• body maps accurately reflect any skin damage to patients' at all times.</li> </ul> <p><b>Ref Additional Information 6.2</b></p>	One	<p>Care Plan audits are completed weekly with a minimum of 5 reviewed. The 5 are randomly selected.</p> <p>A Care File is randomly selected during the monthly Managers Home Audit.</p> <p>A Care File is randomly selected during the monthly regulation 29 provider visit.</p> <p>Actions from all audits are issued to the Primary Nurse to address any deficits, these will now be followed up in a meeting with the Manager and the Primary Nurse on a monthly basis to review and maintain compliance.</p> <p>An increased focus on Dementia Care needs has been highlighted to the team.</p>	From date of inspection

				<p>An increased focus on wound care has been highlighted and additional training provided. Life Story work has commenced and the process will be ongoing due to poor participation levels of family and capacity of patients themselves. Assistance is also being sought from Care Managers and Mary Murdoch, Dementia Specialist.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

<b>Name of Registered Manager Completing QIP</b>	Ibin Paul, Acting Manager supported by Deborah Oktar-Campbell, Independent Healthcare Consultant
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	Raymond Murphy, Responsible Person

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Heather Sleator	07/01/15
Further information requested from provider			