



Unannounced Follow-up Care Inspection Report 26 February 2019



Colinvale Court

Type of Service: Nursing Home
Address: Glen Road, Belfast BT11 8BU
Tel No: 028 90604314
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 50 persons.

3.0 Service details

Organisation/Registered Provider: Mr Liam Raymond Murphy Responsible Individuals: Mr Liam Raymond Murphy	Registered Manager: Vincy Vincent
Person in charge at the time of inspection: Vincy Vincent	Date manager registered: 13 June 2016
Categories of care: Nursing Home (NH) DE – Dementia	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 26 February 2019 from 10.00 to 17.20 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing, training, adult safeguarding, infection prevention and control, risk management, record keeping, the home's environment and communication between residents, staff and other professionals. Systems were in place in relation to governance arrangements, management of complaints and quality improvement.

Areas requiring improvement were identified in relation to the notification of reportable incidents to RQIA, the provision of signage to promote the orientation of patients and the development of a robust hand hygiene audit.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during the inspection. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Vincy Vincent, registered manager and Mr Raymond Murphy, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with four patients and small groups of patients in the dining room in Elm unit, two patients' relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 18 February to 3 March 2019
- incident and accident records from 29 August 2018 to 11 February 2019
- nine patient care records

- a sample of governance audits to include the falls risk assessment calendar and the falls audit from November 2018 to January 2019
- complaints record from 12 December 2018 to 30 January 2019
- compliments received
- RQIA registration certificate
- employer certificate of liability insurance
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of infection control audits from August 2018 to January 2019 evidenced that infection prevention and control procedures highlighted during the last care inspection are monitored as part of the homes quality auditing systems. This area for improvement has been met.	

Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time	<p>The registered person shall ensure medications are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Action taken as confirmed during the inspection: Observation of medication administration and discussion with the registered manager confirmed medications are safely and securely stored in compliance with legislative requirements, professional standards and guidelines. On completion of the medication administration, medicine trolleys were observed to be securely stored in the treatment room. This area for improvement has been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		
Area for improvement 1 Ref: Standard 4 Stated: First time	<p>The registered persons must ensure that risk assessments are completed and reflect the current needs of the patients and as prescribed in care plans.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of two patients’ care plans and risk assessments for bedrails, falls and moving and handling confirmed that this area for improvement has been met.</p>	Met
Area for improvement 2 Ref: Standard 22 Stated: First time		
	<p>The registered person shall ensure that unwitnessed falls are routinely managed as potential head injuries. Neurological observations taken and a post falls risk assessment undertaken within 24 hours.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of two patients’ care records evidenced that unwitnessed falls are routinely managed as potential head injuries. Neurological observations were completed and a post falls risk assessment was undertaken within 24 hours. This area for improvement has been met.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the following infection prevention and control issues are addressed:</p> <ul style="list-style-type: none"> • The sharps box in the treatment room was not signed or dated and the aperture not closed when not in use. • Single use syringes were being reused; observation evidenced these steeping in fluid on the medication trolley and on the radiator of the treatment room. • The alcohol gel container at the front entrance to the home was empty. • Oxygen masks and tubing had been removed from their original packaging and left exposed creating the potential for contamination. • In an identified bathroom the hand washing sink had been blocked by equipment. • Dress code policy relating to NOT wearing jewellery was not fully complied with by staff. • IPC audits undertaken as part of the homes quality auditing systems need reviewed and should ensure that they evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation of infection prevention and control issues confirmed that they have been addressed. IPC audits from August 2018 to January 2019 were viewed and action plans were noted to be in place. This area for improvement has been met.</p>	<p>Met</p>
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<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the following areas relating to the environment are addressed:</p> <ul style="list-style-type: none"> • Restricted access and hot press doors should be locked at all times. • The sluice room in the identified suite should be cleaned, repainted and the lightening repaired. • Mop buckets and mops should be clean and ready to use. • The garden patio areas should be tidied and weeded. • The identified baths with missing enamel should be repaired or replaced. • The malodour in the identified corridor should be investigated and action taken. • The treatment room should be tidied and cleaned. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation confirmed that the areas relating to the environment have been addressed. This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons must ensure that care plans are in place for patients and that they reflect all assessed care needs.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of two patients' care plans and evaluations evidenced that this area for improvement has been met.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 23 Stated: First time	The registered person shall ensure that repositioning records reflect the settings of the pressure relieving mattress and that mattress are set at the correct level.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, observation of two pressure relieving mattress settings and review of two patients' care records evidenced that records reflect the settings of the pressure relieving mattress and that mattress are set at the correct level. This area for improvement has been met.	
Area for improvement 7 Ref: Standard 12 Stated: First time	The registered person shall ensure that menus are displayed in dining areas	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of colourful, pictorial menus displayed in dining areas confirmed that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 18 February to 3 March 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. Nine staff questionnaires were returned and seven staff commented. All seven staff indicated that they were very satisfied that there "are sufficient staff to meet the needs of the patients."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Colinvale Court. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Eight questionnaires were returned. One questionnaire did not indicate if the person completing it was a resident or relative. All eight returned questionnaires indicated that they were very satisfied that staff had 'enough time to care'.

One questionnaire included the following comment:

"Very satisfied with care provided. Name tags on staff uniforms would make communications easier."

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

Review of nine patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 29 August 2018 to 11 February 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Generally notifications were sent to RQIA in a timely manner but on two occasions it was observed that there was a delay of 16 and 13 days. This was discussed with the registered manager and identified as an area of improvement under regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, and clean throughout. On commencement of inspection it was noted that there was a malodour on entering the reception area of the home. Domestic staff were observed to be on duty and when the area was checked later during the inspection no malodour was evident. In an identified patient's room, a music player was observed to be

sitting on the floor, plugged into the wall socket. This could be a potential trip hazard. This was discussed with the registered manager who moved it immediately to a suitable location. Review of the environment and discussion with patients, staff and relatives highlighted that they were unclear if they were in Cherry, Beech, Oak or Elm unit as one unit is linked to the other. The internal environment of the home should be arranged to provide effective signage in order to promote the orientation of patients. This was discussed with the registered manager and responsible individual. An area for improvement was identified. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff. The manager had an awareness of the importance to monitor the incidents of HCAI's and when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bedrails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Two areas for improvement were identified in relation to the timely reporting of notifiable incidents to RQIA and the use of appropriate signage to promote the orientation of patients.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of nine patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of falls, restrictive practice, moving and handling of patients and pressure management. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. The registered manager advised that the TVN informed her it is unnecessary to reflect the settings of pressure relieving mattress on repositioning records as well as on the patients' care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, evaluation of care plans and communication between residents, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Staff were responding to patients' needs and requests promptly and cheerfully. Patients were observed in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity therapist said, "I love my job. I'm just going to give one of the residents a foot spa as it's something they really enjoy."

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in Elm unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and pictorial menus. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Three patients said,

"The food's lovely. I think I have room for dessert."

"I really enjoyed my lunch."

"Lovely food and great staff. I'm happy here."

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you for the wonderful care you all have shown to my husband. Also for the warm welcome we received at the home. Thank you all a million times over."

"The staff have treated my cousin like family and are very professional and I could not fault the home in any way."

All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Colinvale Court. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Questionnaires were provided for patients and their representatives across the four domains of safe, effective, compassionate and well led care. We had eight responses. All eight questionnaires returned indicated that they were very satisfied across all four domains of care.

Two relatives said,

"My brother's looked after well. It's the first place he's settled in."

"The staff's very good and they advise me of any changes. My husband's looking well and he loves to sing when the music man visits."

Staff were asked to complete an online survey across the four domains of care. We had nine responses within the timescale specified but only seven staff commented. All seven staff indicated that they were very satisfied that the care provided was safe and effective. Six staff indicated they were very satisfied and one staff member indicated that they were very unsatisfied that care was compassionate and that the service was well led. A staff member said, "We genuinely care about what we do."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected data on service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, falls and IPC practices. It was noted in order to comply with infection prevention and control policies, procedures and best practice guidance, that a more robust hand hygiene audit requires to be developed. This was discussed with the registered manager. An area for improvement was identified.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately, however, an area for improvement was identified to ensure that all notifiable events were reported in a timely manner.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified to ensure that a robust hand hygiene audit was developed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vincy Vincent, registered manager and Mr Raymond Murphy, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed: Immediate action required	The registered person shall ensure that notifiable events are reported to RQIA in a timely manner. Ref: 6.4 Response by registered person detailing the actions taken:
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 43.1 Stated: First time To be completed: Immediate action required	The registered person shall ensure that appropriate signage is provided within the home in order to promote the orientation of patients. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 46.2 Stated: First time To be completed: Immediate action required	The registered person shall ensure that a robust hand hygiene audit tool is developed to comply with infection prevention and control policies, procedures and best practice guidance. Ref: 6.7 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
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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