

Unannounced Care Inspection Report 11 February 2021



Colinvale Court

Type of Service: Nursing Home (NH)
Address: Glen Road, Belfast, BT11 8BU
Tel No: 028 9060 4314
Inspector: Gillian Dowds

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

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. Raymond Liam Murphy Responsible Individual(s): Mr. Raymond Liam Murphy	Registered Manager and date registered: Vincy Vincent – 13 June 2016
Person in charge at the time of inspection: Vincy Vincent	50
Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 11 February 2021 from 09.30 to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- infection prevention and control and the internal environment
- care delivery
- governance and management

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	3	1

The total areas for improvement include one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Vincy Vincent, manager, and 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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five patients individually and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line no responses were received. 'Tell us' cards were also left with the manager to allow those who were not present of the day of inspection to provide feedback.

The following records were examined during the inspection:

- duty rota from 8 to 21 February 2021
- three patient care records
- two supplementary care records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- a selection of quality audits
- cleaning schedules and equipment cleaning records
- complaints records
- record of compliments
- accident and incident records
- minutes of the most recent staff meeting
- visiting policy
- RQIA registration certificate.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 20 October 2020.

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 27 (2) (b) (d) (i) Stated: Second time	The registered person shall ensure that the environment is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Through observation and discussion with the manager it was evident that they had been working toward compliance with this area for improvement however due to the constraints during the outbreak of covid-19 completion was delayed.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirement, minimum standards and professional guidance.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 27 (4) (d) (iii)	The registered person shall ensure the practice of propping open of doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement was met.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that in relation to infection prevention and control</p> <ul style="list-style-type: none"> • a system is in place to ensure the regular laundering of hoist slings • attention to detail in the cleaning of the soap dispensers • ensure the effective cleaning of the side tables. <p>Action taken as confirmed during the inspection: A review of records and equipment evidenced that this area for improvement was met.</p>	Met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of the supplementary care records.</p> <p>Action taken as confirmed during the inspection: A review of the records evidenced that this area for improvement was partially met and will be discussed further in section 6.2.4.</p>	Partially met
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the IPC training including the use of PPE is embedded in to practice.</p> <p>Action taken as confirmed during the inspection: Evidence of the training and staff supervision following previous inspection and observation during the inspection evidenced that this area for improvement was met.</p>	Met
<p>Area for improvement 3</p>	<p>The registered person shall ensure in relation to the use of all day slings:</p>	Met

Ref: Standard 4 Stated: First time	<ul style="list-style-type: none"> evidence of consultation with the multidisciplinary team is retained in the care records a relevant risk assessment and care plan is in place consultation with the patient and or next of kin is documented. 	
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	

6.2 Inspection findings

6.2.1 The internal environment and Infection Prevention and Control (IPC)

We reviewed the home's environment. We observed good examples of personalisation of some patients' bedrooms and the continuation of the redecoration of some patients' bedrooms. It was also observed new art work was in place throughout the home and the redecoration of the lounge in the oak unit had been completed. Some new signage had been added to indicate the various units in the home. The need for further dementia friendly signage was discussed with the manager who agreed to take this forward. The area for improvement stated at the previous inspection will therefore be carried forward for review at the next inspection.

The home was fresh smelling and it was evident that a deep clean of the environment had been undertaken following the recent outbreak of Covid-19 in the home.

We considered infection prevention and control (IPC) practices. Personal protective equipment (PPE) was readily available throughout the home and that PPE donning (putting on) and doffing (taking off) stations were identified.

We observed that PPE was generally worn appropriately by staff and a review of records evidenced that staff had received further training and supervision in relation to this following the previous inspection.

6.2.2 Staffing

The manager confirmed the staffing levels for the home and that these levels were kept under review. A review of the staff rota from 8 to 21 February 2021 indicated that the staffing levels were generally well adhered to and short notice sick leave was managed appropriately. Rotas also confirmed that catering and housekeeping staff 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 staff were attending to patients' needs in a timely manner.

Staff spoken to did not raise concerns about staffing levels and spoke positively about the teamwork within the home.

Staff spoken to said;

- “Staffing levels are good.”
- “I love it here.”
- “We get good support.”

6.2.3 Care delivery

We observed staff attending to patients’ needs in a caring manner. Patients looked well cared for and were observed to be content in their surroundings and in their interactions with staff. Staff was aware of their patients’ needs; staff were observed to display a warm and friendly attitude towards the patients.

We observed some patients seated in the lounge and some patients were resting comfortably in their bedrooms. We observed that call bells were available in various bedrooms. We discussed that, due to dementia, not all of the patients would have the ability to use a nurse call bell effectively. It was agreed that individualised risk assessment and care plans should be completed for each patient with regard to the use of nurse call bells. The manager and staff told us that the patients were checked regularly when they were in their bedrooms. We discussed the documentation of the checks and following further discussion with the manager it was agreed to review how these checks were documented.

We discussed the social distancing of the patients when seated in the lounges. The manager has told us that this can be challenging at times due to the patients understanding for the need for same however, she agreed to review this.

We reviewed the activities on offer in the home. We were informed that some of the staff took part in a “Musical Memory” course and were liaising with patients and their next of kin to personalise music that is downloaded to MP3 players for patients to listen to their preferred music. Staff spoke positively about the patients responses to this and the benefit of having the MP3 players. One patient was observed enjoying listening to the music at this time.

The food on offer at lunchtime looked appetising and was well presented. Patients were offered assistance and staff demonstrated knowledge of their likes and dislikes. Staff informed us that the patients had a choice of meal at each meal time and if they observed a patient not eating the meal of their choice then a different meal would be provided.

Patients spoken with commented positively about their experience of living in Colinvale Court, they told us:

- “It’s very good, I am very comfortable.”
- “(the food) is nice ”
- “Food is lovely.”
- “It’s good here”
- “It’s dead on.”

6.2.4 Care Records

We reviewed the care records for three patients and evidenced that relevant risk assessments and care plans were in place that were reviewed regularly. On review some care plans were not fully patient centred and lacked specific details to direct the care, for example, one repositioning care plan did not contain the frequency for the patient's repositioning. In another example, one care plan for manual handling did not fully identify the equipment required. An area for improvement was identified.

We also observed that there had been some improvement in the oversight of the supplementary care records, such as the bowel monitoring records. We observed that the daily fluid total for patients was being calculated but there was a lack of meaningful evaluation of these charts. In one chart the patient had refused meals and this was not reflected in the daily notes. An area for improvement made previously in relation to the oversight of the supplementary care records was partially met and due to the inspection findings will be subsumed into an area for improvement under regulation.

We reviewed the supplementary care records pertaining to food and fluid and repositioning. The records reviewed contained the detail of the quantity of the meal taken however some lacked specific detail of the meal. This was discussed with the manager who advised she would address this and will be reviewed on the next inspection.

6.2.5 Governance

We reviewed a sample of the governance audits including those focused on IPC, wound care and the environment. These audits were in place to monitor the quality of the service provided. The development of further governance audits was also evident, for example audits for the use of restrictive practices. A robust system of audits had been identified at the previous inspection and was therefore met.

We reviewed the visiting policy in place for the home. The manager confirmed that the policy was in the process of being updated along with the dynamic risk assessment. We discussed the home's current provision for visiting which included window visits, virtual visits and telephone calls.

We were told that families had been informed of the care partner role and nine relatives had expressed an interest in this role; and the relevant risk assessments were to be completed. It was agreed that the manager would inform RQIA following the inspection that this role had been implemented. This was received on 21 February 2021.

We reviewed the accident incident records in the home and observed two accidents that had been managed correctly and reported to the relevant trust had not been reported to RQIA. This was discussed with the manager and an area for improvement was identified.

Areas of good practice

Areas of good practice were identified in relation to the staff interaction with the patients and the introduction of the music therapy within the activity programme.

Areas for improvement

Areas for improvement were identified in relation to patient centred care plans and daily records of care. A further area for improvement was identified in relation to ensuring notifiable events are reported to RQIA.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

On the day of the inspection staff were observed interacting with patients in a friendly and caring manner. Patients were settled in their environment. Staff spoke positively about working in the home.

Areas for improvement were identified in relation to detailing of care plans, meaningful evaluation of care and reporting of notifiable events to RQIA.

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, manager and 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 nursing 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 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 27 (2) (b) (d) (i) Stated: Second time To be completed by: 30 January 2021	<p>The registered person shall ensure that the environment is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.</p> <p>Ref: 6.1 and 6.2.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 13 (1) (a)(b) Stated: First time To be completed by: 30 April 2021	<p>The registered person shall ensure that the daily fluid intake for patients is recorded, evaluated and meaningfully reviewed by the care/nursing staff on a daily basis.</p> <p>Ref: 6.2.4</p>
	Response by registered person detailing the actions taken: The supplementary record is checked by the nurses daily and are recorded in the required format.
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure to give notice to RQIA without delay of the occurrence of any notifiable event.</p> <p>Ref: 6.2.5</p>
	Response by registered person detailing the actions taken: All relevant staff members have been further instructed of the need to advise the RQIA of any notifiable event without undue delay.
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 4	<p>The registered person shall ensure patients care plans in relation to repositioning and manual handling are sufficiently detailed to direct the care required.</p>

Stated: First time	Ref: 6.2.4
To be completed by: 30 April 2021	Response by registered person detailing the actions taken: All nursing staff have been instructed that care plans should be sufficiently detailed to direct the care required in relation to moving and handling/repositioning.

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



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