



Unannounced Care Inspection Report 8 February 2019



Rush Hall

Type of Service: Nursing Home (NH)
Address: 51 Brighter Road, Limavady, BT49 9DY
Tel No: 028 7776 9326
Inspector: Jane Laird

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 66 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Carol Craig
Person in charge at the time of inspection: Carol Craig	Date manager registered: 15 May 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 66 Maximum of 32 patients within category of care NH-DE and located within the Dementia Unit.

4.0 Inspection summary

An unannounced inspection took place on 8 February 2019 from 08.20 hours to 14.00 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.

This was a focused inspection to review the management and delivery of activities provision in the home. We also reviewed and assessed compliance with the three areas of improvement identified following the last care inspection.

The home is commended for the themed art work being progressed throughout the dementia units with involvement from the local community.

Areas requiring improvement were identified in relation to the accurate documentation of care plans and the refurbishment of identified walls within ensuites.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	0	*2

*The total number of areas for improvement includes one care standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Carol Craig, registered manager, 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 18 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 October 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
- written and verbal communication received since the previous care inspection which includes information in respect of any 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 18 patients and 11 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. The inspector provided the registered manager with 'Have we missed you' cards which were 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 at the main entrance.

The following records were examined during the inspection:

- duty rota for all staff from 28 January 2019 to 10 February 2019
- three patient care records
- activity schedule
- RQIA registration certificate
- 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 responsible person and the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 October 2018

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the damaged walls below the soap dispensers in the ensuite rooms are repaired.	Not met
	Action taken as confirmed during the inspection: The inspector reviewed the walls below the soap dispensers in the ensuite rooms and confirmed that the walls had not been repaired. This area for improvement has been stated for a second time.	

Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that the damaged walls in identified bedrooms are repaired.	Met
	Action taken as confirmed during the inspection: The inspector has confirmed that the damaged walls to bedrooms which were identified during the last care inspection have been repaired.	
Area for improvement 3 Ref: Standard 11 Stated: First time	The registered person shall review the activity programme to ensure that meaningful activities are available for patients in the Hunter and Brighter units.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the activity programme and has confirmed that meaningful activities were available for patients in the Hunter and Brighter units.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

The registered manager confirmed the daily staffing provision 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 28 January 2019 to 10 February 2019 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. 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. Staff comments included: "I really like my work", "Love it here". We also sought staff opinion on staffing via the online survey. Unfortunately no responses were received within the required time frame.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rush Hall. Some comments received included:

- "Staff are all good. First class"
- "Well looked after here."
- "Food is good. Staff are good."

We also sought the opinion of patients on staffing via questionnaires. There was no response in the time frame provided.

There were no areas for improvement identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Activities and Events

We arrived in the home at 08.20 hours and were greeted by staff that were helpful and attentive. Patients were mainly in their bedroom and staff were attending to their needs. Some patients were seated in one of the lounges in preparation for breakfast whilst others remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

A programme of meaningful activities was scheduled to suit each individual's preference which had been developed on review of patients' interests and physical and emotional needs. The regular activities range from board games, bingo, reminiscence therapy, hairdressing and manicures, spiritual visits, knitting and reading. Other activities include visits from the animal farm, musical sing along, movie days and gardening. The registered manager confirmed that the home have an annual outdoor event involving the patients, their representatives and the local community. The most recent event was in August 2018 which involved the local fire brigade, cake sale, bouncy castle, face painting and fun day activities for the patients and their representatives. The activities planned and maintained are responsive to patients' changing needs and strongly promote social inclusion with the local community.

The home also have a weekly newsletter for patients and their representatives which outlines events that have taken place or are due to take place. An electronic touch pad system is located at the entrance of the home for gathering information on the views of patient representatives on the quality of life (QOL) within the home. A similar hand held device is used to gain patient feedback which can be transported within the home to assess the level of satisfaction for both patients and their representatives. This was commended by the inspector.

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.

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 appropriate signage, photographs, the provision of clocks and prompts for the date. Corridors within the dementia units were themed with shop fronts and familiar landmarks of the local area. The personal activities leader (PAL) discussed further plans to enhance the environment with a bench for the bus stop and a sensory room for relaxation therapy. The home also has a patient kitchen with safety adapted appliances where patients can both independently or with assistance, move around the kitchen and carry out daily activities.

Patients confirmed that they are involved in the activity planning and that their opinion of what they would like to be involved in is sought. Review of patients' care records evidenced that patients were individually assessed for their likes and dislikes in regards to activities. There was evidence that the care plans were regularly reviewed and updated as required. Each patient had a life story within their care folder and also within the activity file. This was commended by the inspector and demonstrated that the PAL recognised the importance of sharing information with the rest of the team.

The staff on duty at the time of the inspection were observed to use every interaction as an opportunity for engagement with patients. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events where staff facilitated the patient's favourite music or movie.

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, however, it was identified that a number of care plans had been altered whereby partial sentences had been scored out resulting in the original entry not being able to be read. This was discussed with the registered manager and an area for improvement was made under care standards.

Patients expressed their confidence in raising concerns with the home's staff/management and were aware of who their named nurse was and knew the registered manager. Four questionnaires were returned from patients' representatives. The respondents were very satisfied with the service provision across all four domains. Comments included: "Excellent care and is very well cared for." "Staff are second to none!", "Lovely bright home". "Just to say my is happy and well looked after."

An area for improvement was identified under care standards in relation to the accurate documentation of care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.3 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout and although there were some infection prevention and control (IPC) issues identified such as the storage of clean linen within a communal bathroom, patient equipment not effectively cleaned after use and bedrail protectors within identified bedrooms worn, an assurance was provided by the registered manager that the bedrail protectors would be replaced and the identified IPC issues would be addressed with staff and measures taken to prevent recurrence.

Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made as identified at the previous care inspection, walls within the en-suites below the soap dispensers were marked and requiring refurbishment. This was discussed with the registered manager and stated as an area for improvement for a second time.

There were no new areas for improvement identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Governance Arrangements

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 capacity in which these were worked were recorded. Discussion with the staff and patients evidenced that the registered managers working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the home manager.

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

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/The Care Standards for Nursing Homes 2015.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

There were no areas for improvement identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carol Craig, registered manager, 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: Standard 44 Stated: Second time To be completed by: 8 April 2019	The registered person shall ensure that the damaged walls below the soap dispensers in the ensuite rooms are repaired.
	Response by registered person detailing the actions taken: Identified bathrooms have been repaired.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 8 April 2019	The registered person shall ensure that any changes or alterations to a patients care plans are made in such a way that the original entry can still be read.
	Response by registered person detailing the actions taken: Care plans have been reviewed and the identified care plans have been rewritten.

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



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