

# Inspection Report

13 June 2023



## Rush Hall

Type of Service: Nursing Home  
Address: 51 Brighter Road,  
Limavady, BT49 9DY  
Telephone number: 028 7776 9326

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ann's Care Homes Limited  <b>Responsible Individual:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Mrs Carol Craig  <b>Date registered:</b> 15 May 2018
<b>Person in charge at the time of inspection:</b> Mrs Carol Craig	<b>Number of registered places:</b> 66  Maximum of 32 patients within category of care NH-DE and located within the Dementia Unit.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 59
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Nursing Home which provides nursing care for up to 66 patients. The home is divided into four units. The Hunter and Brighter suites are situated on the ground floor and provide care for people with dementia; the Binevenagh and Roe suites are situated on the first floor and provide general nursing care. Patients have access to communal lounges, dining rooms and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 June 2023 from 9.10am until 5.30pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their

interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I have everything I need", "The staff are absolutely brilliant", "Well cared for", "I feel safe" and "Very, very happy here". There was no response to questionnaires from patients or relatives.

Staff said that the management team were very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I really enjoy working here", "Overall staff morale is very good", "We all get on great as a team" and "I love working here". There was no feedback from the staff online survey.

One visitor was consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included: "The staff are very

kind and welcoming”, “I am very happy with my (relatives) care” and “I feel (relative) is getting well looked after”.

Comments received during the inspection were shared with the management team.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 July 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that the current prescribed dose is recorded on medicine records and that obsolete doses are discontinued to ensure a clear audit trail.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of two staff recruitment and induction files evidenced that relevant pre-employment checks were completed prior to employment.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of staff competency and capability assessments for the nurse in charge in the absence of the manager found these to be completed.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

## 5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. Review of two patients care records evidenced that they were mostly well maintained.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. A menu was not displayed in one of the dining rooms. This was discussed with the manager who had this addressed prior to the completion of the inspection.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of a sample of care records evidenced that they were regularly reviewed and updated. However, a number of discrepancies were identified and discussed in detail with the manager who agreed to have these reviewed. Following the inspection written confirmation was received from the manager that relevant care records had been updated.

Confidential patient information was observed unsecure within two areas of the home. This was discussed with the management team and an area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. The garden and outdoor spaces were well maintained with areas for patients to sit and rest.

Corridors and fire exits were maintained clear from obstruction. Review of the most recent fire risk assessment completed on 23 January 2023 evidenced that any recommendation stated had been signed/dated by the manager as having been completed.

A number of environmental related issues were identified requiring either repair/replacement. Details were discussed with the manager who confirmed that refurbishment was ongoing to ensure that the home is well maintained. Following the inspection written confirmation was received from the manager that relevant action had been taken to address these issues.

Observation of the environment highlighted that there was unsupervised access to food, fluids, razors and scissors within an identified area of the home. Whilst the inspector acknowledged that the manager had these items removed during the inspection, the importance of ensuring that all areas of the home are hazard free was discussed with management and an area for improvement was identified.

Prescribed topical creams and supplements were unsecure within an identified area of the home. This was discussed with the manager who had these secured and agreed to communicate with relevant staff. In order to ensure sustained compliance an area for improvement was identified.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the management team and records were kept. The manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Whilst most staff were observed to be compliant with IPC best practice, two staff were not. This was discussed with the manager and following the inspection written confirmation was received from the manager that relevant action had been taken to address the IPC deficits with ongoing monitoring by management to ensure sustained compliance.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

A number of patients were observed outdoors in the afternoon enjoying light refreshments organised by the activity coordinators and appeared to enjoy the company of staff and each other. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: "The food is very good", "Plenty of food and choices" and "The food is nice."

### 5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported by the responsible individual and the organisation.

There was evidence that the manager had an effective system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3*

\* The total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Carol Craig, Manager and Mrs Elaine McShane, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (22 September 2021)	The registered person shall ensure that the current prescribed dose is recorded on medicine records and that obsolete doses are discontinued to ensure a clear audit trail.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that prescribed topical creams and supplements are stored safely and securely as per the manufacturers' instructions.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b>

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





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