

Inspection Report

18 May 2021



Rush Hall

Type of Service: Nursing Home
Address: 51 Brighter Road, Limavady, BT49 9DY
Tel no: 02877769326

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Mrs Natasha Southall</p>	<p>Registered Manager: Mrs Carol Craig</p> <p>Date registered: 15 May 2015</p>
<p>Person in charge at the time of inspection: Panicker Preeja Prasad, registered nurse 11 am – 1pm Elaine McShane, regional manager 1pm – 7.10pm</p>	<p>Number of registered places: 66</p> <p>Maximum of 32 patients within category of care NH-DE and located within the Dementia Unit.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 56</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 66 persons. The home is divided into four units. The Hunter and Brighter suites are situated on the ground floor which provides care for people with dementia; the Benevenagh and Roe suites are situated on the first floor which provides general nursing care. Patients have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 May 2021 from 11.00 am to 7.10pm. The inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 care delivery, teamwork and maintaining good working relationships.

Areas requiring improvement were identified in relation to the environment, control of substances hazardous to health (COSHH), storage of prescribed supplements, supervision of food trolleys, infection prevention and control (IPC), secure storage of patient records, pressure area care, governance audits and monthly monitoring reports. Two areas for improvement have been stated for a second time in relation to IPC and availability of personal protective equipment (PPE).

Patients spoke positively about living in Rush Hall. Patients unable to voice their opinions 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.

RQIA were assured that the delivery of care in Rush Hall was safe, effective and compassionate and there were appropriate management arrangements within the home. RQIA were assured that the management team acknowledged the need for more robust oversight of the governance systems within the home to drive the necessary improvements.

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 and 'Tell Us' cards 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 regional manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with 12 patients, both individually and in groups, one patient's relative and six staff. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. One patient said; "this place is 150 percent" and "a home from home." A relative said that communication was good and their loved one was well looked after. Two questionnaires were returned from relatives who were very satisfied with the service provision overall. There was no feedback from the staff online survey.

Staff told us that the manager was very approachable; there was great teamwork and that they felt supported in their role. One staff member said; "This is one of the best homes I have worked in."

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 care inspection on 24 June 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. With specific reference to ensuring that: <ul style="list-style-type: none"> • Care plans contain patients' relevant medical history • The patients normal bowel type and frequency are included in care plans 	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has been met. This is discussed further in section 5.2.6.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that where an assessed need of a patient changes, their care records are updated to accurately reflect the assessed needs of the patient and recommendations of other health care professionals.	Met

	<p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has been met.</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 35 Stated: Second time</p>	<p>Area for Improvement The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference:</p> <ul style="list-style-type: none"> Care records for newly admitted patients are reviewed to ensure that relevant care plans and risk assessments have been implemented within the required timeframe. <p>Action taken as confirmed during the inspection: Review of a sample of governance records and audits evidenced that this area for improvement has been met. This is discussed further in section 5.2.8.</p>	<p>Met</p>
<p>Area for improvement 2 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure, in accordance with regional infection prevention and control guidelines that:</p> <ul style="list-style-type: none"> patient equipment such as wheelchairs/hoists are not stored where there is a toilet clean and unclean linen are stored separately items such as gloves and wipes are stored appropriately. <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has not been fully met and has been stated for a second time. This is discussed further in section 5.2.4.</p>	<p>Partially met</p>
<p>Area for improvement 3 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall consider increasing the availability of alcohol hand sanitiser and PPE supplies along the corridor areas throughout the home to reduce the distance staff have to travel to reach supplies.</p>	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.4.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>Action taken as confirmed during the inspection: Review of recruitment records evidenced that this area for improvement has been met.</p>	Met

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients. The regional manager advised that this also included agency or temporary staff. On discussion with an agency staff member they advised that they received an induction and orientation of the home on the commencement of their shift.

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).

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 said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said teamwork was good, the manager was approachable and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory.

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. Minor discrepancies were identified in the maintenance of the rota which were discussed in detail with the regional manager. Following the inspection the manager provided written confirmation that these issues had been addressed.

It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner.

Patients said that they felt well looked after and that staff were attentive. One patient commented "they would do anything for you" and referred to the staff as "their family".

There were safe systems in place to ensure staffing was safe to ensure that patients' needs were met by the number and skill mix of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns regarding, for example, patients' safety or poor practice.

On occasions some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. Review of patient records and discussion with the regional manager, and staff, confirmed that the correct procedures were followed if restrictive equipment was required. It was positive to note that patients and/or their relatives were involved in any discussion about the use of equipment.

Staff confirmed they had completed specialised training to ensure they were aware of the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) and restrictive practices. However, it was identified that two recently admitted patients did not have relevant information recorded within their care records. We discussed this in detail with the regional manager and following the inspection the manager provided written confirmation that appropriate referrals had been made to the commissioning trust prior to the inspection.

There were systems in place to ensure that patients were safely looked after in the home and that staff were adequately trained for their role in keeping patients safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

There was evidence that walls within identified corridors and bedrooms had been painted since the previous inspection. However, a number of walls were scuffed throughout the home, curtains were damaged in an identified lounge and bedroom, and surface damage was evident to a number of bedrail protectors and chairs. We further identified that lounges throughout the home did not have an adequate number of armchairs to accommodate the number of patients and a lock was identified on two lounge room doors. This was discussed in detail with the regional manager and an area for improvement was identified. Following the inspection the manager provided written confirmation that the locks had been removed from the identified lounges and additional armchairs had been purchased. The manager further confirmed that all other issues were being addressed.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The gardens were well maintained with areas for patients to sit and rest.

Observation of the environment evidenced that cleaning trolleys were unattended in two separate areas of the home with chemicals easily accessible to patients. A trolley with food was also observed unattended and the potential risks associated with these practices were discussed with the regional manager. Two areas for improvement were identified.

5.2.4 How does this service manage the risk of infection?

The regional manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. A fault was identified with the thermometer for temperature readings which was discussed with the regional manager and following the inspection written confirmation was received that this had been replaced.

Visiting and care partner arrangements were managed in line with the DoH and IPC guidance. Policies regarding visiting and the care partner initiative had been developed and reflected the most recent guidelines.

The regional manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. The regional manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

As mentioned in section 5.1 above, there was a limited supply of PPE and hand sanitising gel in the home. Clean and unclean linen were also observed within a linen cupboard. This was discussed with the regional manager and two areas for improvement have been stated for a second time.

In addition, a member of staff was observed without a face mask in an area accessible to patients; a further member of staff was wearing a face mask incorrectly and nail polish which would inhibit effective hand hygiene. Incontinence pads were also observed outside of packaging and there was limited availability of the correct type of gloves used in the delivery of

personal care in accordance with the regional guidance. The potential risks were discussed in detail with the regional manager and an area for improvement in relation to IPC was identified.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. 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. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were mostly well maintained. However there were deficits identified within two patients care records which were discussed in detail with the regional manager and an area for improvement was identified.

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. Staff had made an effort to ensure patients were comfortably seated. 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.

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. Patients spoke positively in relation to the food provision in the home.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were not held confidentially within one area of the home. This was discussed with the regional manager and an area for improvement was identified.

As mentioned in section 5.1 above, care records were generally well maintained and reviewed regularly to ensure the assessed needs of the patient remain relevant. Whilst most care records were reflective of the patient's needs, some details were missing from identified care records. This was discussed in detail with the management team and prior to the completion of the inspection these records were updated. This is discussed further in section 5.2.8.

5.2.7 How does the service support patients to have meaning and purpose to their day?

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 go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients chose how to spend their day in the home and in which area to spend it. They could engage in the arranged activities in the home or with their own preferred activity such as reading, watching television or going for a walk.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible.

There had been no change to management arrangements for the home since the last inspection.

A review of the records of accidents and incidents which had occurred in the home found that these had been referred to RQIA and other relevant parties as required.

Audits completed by the management team in relation to IPC, the environment and care records did not identify some of the issues RQIA evidenced during the inspection. As mentioned in section 5.1 above, care record audits had been completed on newly admitted patients, however, the date the audit had been completed was not consistently recorded and there was no section for recording the action taken, the person responsible or follow up by management. Details were discussed with the regional manager and an area for improvement was identified.

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. Review of a sample of reports from February 2021 to April 2021 identified that a number of actions detailed within these reports had been repeatedly stated and the person responsible for completing the action was not consistently recorded. This was discussed in detail with the regional manager and an area for improvement was identified.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness. There were safe systems in place to ensure staff were trained properly; and that patient's needs were met by the number and skill of the staff on duty. Care was provided in a caring and compassionate manner.

Nine new areas for improvement were identified. Six are in relation to safe and effective care and three are in relation to the service being well led.

Based on the inspection findings and discussions held it was evident that Rush Hall Nursing Home was providing safe and effective care in a compassionate manner; and that the management team acknowledged the need for more robust oversight of the governance systems within the home to drive the necessary improvements.

7.0 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 2015.

	Regulations	Standards
Total number of Areas for Improvement	5*	6*

* The total number of areas for improvement includes two standards that have been stated for a second time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b) (d) (g)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all areas of the home are kept in good state of repair, is reasonably decorated and has adequate seating.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The identified curtains have been removed, leaving only the pelmet and blinds on the window. Bedrail bumpers have been reviewed for surface damage and the identified bumpers will be replaced. Armchairs with surface damage have been identified</p>

	and will also be replaced. The identified locks on the two lounge doors have been removed.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> chemicals are securely stored in keeping with COSHH legislation. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A Supervision session has been carried out with the domestic staff in relation to the storage of the cleaning trolleys. This is monitored on a daily basis through a daily walkabout audit.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> food trolleys are supervised. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A Supervision session has taken place with staff in relation to food trolleys being left unattended. This is monitored on a daily basis through a daily walkabout audit.</p>
Area for improvement 4 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: I can confirm that the faulty thermometer identified during the inspection has been replaced. Additional PPE stations have been ordered to ensure that staff have access to an ample supply of PPE and hand sanitising gel. A discussion has been held with the identified staff member who was observed not wearing a face mask and this area of non-compliance will be monitored. The wearing of nail polish and open packets of incontinence products will be monitored and has been discussed at staff meetings. Nitrile gloves have been ordered and are now used in the delivery of personal care. A Supervision session</p>

	has been carried out with the domestic staff in relation to the storage of the cleaning trolleys. This is monitored on a daily basis through a daily walkabout audit.
Area for improvement 5 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the monthly quality monitoring report is robust, provides sufficient information on the conduct of the home and includes the person responsible for completing any actions generated from the visit. Ref: 5.2.8 Response by registered person detailing the actions taken: The Regulation 29 template has been reviewed to reflect who is responsible for completing any identified actions.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 46 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure, in accordance with regional infection prevention and control guidelines that: <ul style="list-style-type: none"> • clean and unclean linen are stored separately. Ref: 5.1 and 5.2.4 Response by registered person detailing the actions taken: Staff have been spoken to and this has been included in staff meeting and supervision. Spot checks carried out regarding same. Staff have also been spoken to and advised where to store linen trolley.
Area for improvement 2 Ref: Standard 46 Stated: Second time To be completed by: With immediate effect	The registered person shall consider increasing the availability of alcohol hand sanitiser and PPE supplies along the corridor areas throughout the home to reduce the distance staff have to travel to reach supplies. Ref: 5.1 and 5.2.4 Response by registered person detailing the actions taken: Additional PPE stations have been ordered to ensure that staff have access to an ample supply of PPE and hand sanitising gel.
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that prescribed supplements are stored securely. Ref: 5.2.3 Response by registered person detailing the actions taken: The storage of prescribed supplements has been discussed with staff at staff meetings. This is monitored on a daily basis through a daily walkabout audit.

<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a patient requires pressure area care a care plan is implemented detailing the recommended frequency of repositioning which is recorded within the chart and reflective of the care plan.</p> <p>Ref: 5.2.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Re-positioning care plans have been reviewed for the identified two residents to ensure that the frequency of re-positioning is appropriate for their identified needs, this information is reflected on the front page of the re-positioning booklets. The accuracy of care plans and change position booklets having the same information has been discussed at staff meetings and is monitored by spot checks made by the Deputy Manager, Home Manager and Regional Manager during her monthly visits.</p> <p>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.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The storage of resident's records, including supplementary records has been reviewed and are now stored in the nurses station to ensure confidentiality is kept. The storage of records and confidentiality have been discussed at recent staff meetings.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2021</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • environment • IPC • care records. <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Feedback in relation to Infection Control Audit has been communicated to Head of Operational Quality within FSHC. I can confirm that the non-recording of the date the care audit was completed is now addressed and will be monitored. The audit for new admissions has been reviewed to include an action plan.</p>

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



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