



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 20 February 2020



## Rush Hall

**Type of Service: Nursing Home**  
**51 Brighter Road, Limavady, BT49 9DY**  
**Tel no: 028 7776 9326**  
**Inspector: Jane Laird and Nora Curran**

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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 registered nursing home which provides care for up to 66 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Carol Craig 15 May 2018
<b>Person in charge at the time of inspection:</b> Carol Craig, registered manager	<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> 64

### 4.0 Inspection summary

An unannounced inspection took place on 20 February 2020 from 08.50 hours to 17.50 hours.

The inspection assessed progress with all areas for improvement identified in the 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, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement were identified during this inspection in relation to record keeping and ensuring that audits are completed on newly admitted patients care records. Areas identified at the previous care inspection in relation to post falls management, supplementary records and quality governance audits have been stated for a second time.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	*4	*2

\*The total number of areas for improvement includes three regulations and one standard which have 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 7 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 August 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 10 February 2020 to 23 February 2020
- incident and accident records
- five patient care records
- four patient care charts including food and fluid intake charts and repositioning charts
- refurbishment plan
- a sample of governance audits/records

- complaints record
- a sample of monthly monitoring reports from December 2019

Areas for improvement identified at the last 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)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and review of a sample of governance records/audits confirmed that this area for improvement had been met. This is discussed further in 6.2.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (b) and (c) <b>Stated:</b> First time	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations confirmed that this area for improvement had been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (1) (b) <b>Stated:</b> First time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of accident/incident records and a sample of care records evidenced that this area for improvement had not been fully met. This is discussed further in 6.2.</p> <p>Therefore this area for improvement has been stated for a second time.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated.</p> <p>This is in relation to the unsupervised access to:</p> <ul style="list-style-type: none"> <li>• needles within a store in a dementia unit</li> <li>• food items that have the potential to be a choking risk</li> <li>• storage of toiletries</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and review of a sample of governance records confirmed that this area for improvement had been met. This is discussed further in 6.2.</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of walls and floor coverings in identified rooms.</p> <p>A refurbishment plan must be completed and returned with the QIP.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the refurbishment plan which was received on 10 October 2019 and observation of the environment evidenced that this area for improvement had been met.</p>	<b>Met</b>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Specific reference to recording charts, care plans and daily records:</p> <ul style="list-style-type: none"> <li>• Fluid intake charts should include the date, time and signature of the person who assisted the patient with eating/drinking</li> <li>• Care plans should include the patients average total fluid intake over 24 hours and this should be reflected on the recording chart to direct care staff.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of supplementary charts and care records confirmed that this area for improvement had not been fully met. This is discussed further in 6.2.</p> <p>Therefore this area for improvement has been stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Specific reference to recording charts, care plans and daily records:</p> <ul style="list-style-type: none"> <li>• Where a patient has been repositioned the frequency should reflect the current care plan, state the condition of the patients skin and the intervention on each repositioning</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of supplementary charts and care records confirmed that this area for improvement had not been fully met. This is discussed further in 6.2.</p> <p>Therefore this area for improvement has been stated for a second time.</p>	<p><b>Partially met</b></p>



Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5 (8)  <b>Stated:</b> First time	<p>The registered person shall ensure that patients' rights to confidentiality and privacy are respected.</p> <p>With specific reference to ensuring that notices are not displayed in communal areas regarding patients as discussed in 6.5 of this report.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Observations confirmed that this area for improvement had been met.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to:</p> <ul style="list-style-type: none"> <li>• IPC</li> <li>• Hand hygiene</li> <li>• Environment</li> <li>• Supplementary recording charts</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of governance records/audits confirmed that this area for improvement had not been fully met. This is discussed further in 6.2.</p> <p>Therefore this area for improvement has been stated for a second time.</p>	

## 6.2 Inspection findings

### Staffing provision

On arrival to the home at 08.50 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the dining areas whilst others remained in bed and staff were attending to their needs.



We reviewed staffing rotas from 10 February 2020 to 23 February 2020 which evidenced that the planned staffing levels were adhered to. Staff spoken with confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff also stated that they felt supported by the manager. Comments included:

- “I love working here.”
- “Feel supported.”
- “Very happy here.”
- “Staff are all great.”
- “Plenty of training.”
- “Great team work.”

We reviewed staff training records specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DOLS) which evidenced that the majority of staff had not completed level 2 training. Although staff demonstrated a general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place a discussion was held with the manager who agreed to initiate relevant training for all grades of staff. Following the inspection written confirmation was received by RQIA that the majority of staff had completed relevant training specific to their role, with ongoing monitoring to ensure full compliance.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.

## **Patient Health and Welfare**

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty. Staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff.

Patients’ bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment whilst acknowledging that refurbishment was ongoing.

Consultation with 15 patients individually, and with others in small groups, confirmed that living in Rush Hall was a positive experience. Patients said:

- “Very happy here.”
- “Staff are very good.”
- “Food is excellent.”
- “This is a well-run home. Very clean.”
- “Everything is excellent.”
- “The girls (staff) are great, hard workers.”

Patient representatives/visitors spoke positively in relation to the care provision in the home. They said:

- “Care is very good here.”
- “Staff are very welcoming.”
- “Positive changes in the environment.”
- “Manager very approachable.”
- “Couldn’t fault staff, they are brilliant.”
- “Food seems to be excellent.”

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately and notifications were submitted in accordance with regulation. However, it was identified that following two unwitnessed falls staff did not fully complete neurological observations as per guidelines. This was discussed in detail with the manager and an area for improvement which was identified at the previous care inspection has been stated for a second time.

### **Management of patient care records**

Review of five patient care records evidenced a number of deficits. On review of patients medical history we observed that a number of medical conditions and the bowel type and normal frequency were not included within identified patients care plans. We further identified that a recently admitted patient did not have a number of risk assessments and/or care plans to direct the necessary care. This was discussed with the manager who agreed to commence enhance audits on all newly admitted patients and to communicate with relevant staff to review and update all patient care plans regarding current medical history and discuss the importance of completing risk assessments and care plans to direct relevant care. This was identified as an area for improvement.

On review of the overall 24 hour total fluid intake records on a sample of patient charts it was evident that fluid intake was well maintained, however, for one identified patient there was no recommended fluid intake target within the care plan or fluid consistency to direct the care staff. We further identified that dates and signatures of staff were missing from a number of charts. This was discussed with the manager who acknowledged that the records should have contained appropriate details regarding recommended fluid intake/consistency, date and signature and agreed to monitor/review supplementary records during daily walk arounds. This was identified as an area for improvement at the previous inspection and has been stated for a second time.

We reviewed a sample of repositioning records and identified that there were gaps within the charts where patients had not been repositioned as per their care plan and also identified that the care plan frequency of repositioning did not always correlate with the frequency on the chart. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure area care and to discuss with the registered nurses and care assistants the importance of accurately documenting within patients care records. The manager further stated that a discussion had been held prior to the inspection with senior management regarding a review of their current supplementary recording system. This was identified as an area for improvement at the previous inspection and has been stated for a second time.

On review of areas throughout the home where patients records were being stored we identified that not all areas were secure. We discussed this with the manager who agreed to review the current method of securing such information. Following the inspection written confirmation was received by RQIA that appropriate locks had been installed and communicated to relevant staff the importance of securing these areas when not in use. This will be reviewed at a future inspection.

### **General environment**

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was warm and comfortable throughout. The manager confirmed that a review of the environment is carried out on a monthly basis by management during the monthly monitoring visits/audits and any areas identified as requiring redecorating are actioned with timeframes established as per refurbishment plan. Furniture/equipment identified during the inspection as damaged was discussed in detail with the manager, including infection prevention and control practices (IPC) and use/storage of equipment within patient's ensembles and communal areas. Following the inspection written confirmation was received that the areas above had been addressed and the manager agreed to review these areas during daily walk arounds and monthly audits. This will be reviewed at a future inspection.

### **Management and governance arrangements**

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, we identified that the full name of employees was not fully recorded and the nurse in charge was not always highlighted, this was discussed with the manager who agreed to monitor this closely going forward. This will be reviewed at a future inspection.

A number of governance audits were reviewed which were completed on a monthly basis by the management team. Environmental audits were being completed on a monthly basis which captured some of the issues identified during inspection but did not have an action plan with time frames or follow ups where deficits were identified. In order to provide the necessary assurances and to drive/sustain improvements an area for improvement that was identified at the previous inspection in relation to quality governance audits has been stated for a second time.

As previously discussed the manager has agreed to complete audits regarding the monitoring of care records for newly admitted patients to ensure that relevant documentation is implemented in the required time frame. To ensure that the necessary actions are taken to drive and sustain improvements this has been identified as an area for improvement.

### **Areas for improvement**

Areas for improvement were identified during the inspection in relation to record keeping and ensuring that audits are completed for newly admitted patients.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	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 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.1 and 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Flow chart in place for all staff to follow the complete guidance on what actions need to be taken following a fall or an unwitnessed fall. Staff have been reminded in a memo the protocols and re visiting the supervision that they previously had. Home Manager will check compliance when carrying out the review of datix.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Specific reference to recording charts, care plans and daily records:</p> <ul style="list-style-type: none"> <li>• Fluid intake charts should include the date, time and signature of the person who assisted the patient with eating/drinking</li> <li>• Care plans should include the patients average total fluid intake over 24 hours and this should be reflected on the recording chart to direct care staff</li> </ul> <p>Ref: 6.1 and 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Home Manager has reviewed all supplementary charts and only the identified residents at risk will now be on supplementary charts. These identified charts will be closely monitored by the Home Manager. Care plans have been reviewed in relation to indicating the average fluid total intake in 24hrs and this is also on the fluid supplementary chart.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Specific reference to recording charts, care plans and daily records:</p> <p>Where a patient has been repositioned the frequency should reflect the current care plan, state the condition of the patients skin and the intervention on each repositioning</p> <p>Ref: 6.1 and 6.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>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.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• Care plans contain patients relevant medical history</li> <li>• The patients normal bowel type and frequency are included in care plans</li> </ul> <p>Ref: 6.2</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 20 March 2020</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• IPC</li> <li>• Hand hygiene</li> <li>• Environment</li> <li>• Supplementary recording charts</li> </ul> <p>Ref: 6.1 and 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Home Manager to ensure action plan is in place for all deficits that have been found in relation to any of the above and that they are addressed in a timely manner. This will be spot checked as part of the Regulation 29 visit .</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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"> <li>Care records for newly admitted patients are reviewed to ensure that relevant care plans and risk assessments have been implemented within the required timeframe.</li> </ul> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Home Manager checks care records of all new residents admitted and ensures that all assessments and care plans are implemented within the correct time.</p>

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





The **Regulation** and  
**Quality Improvement**  
Authority

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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

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