



Unannounced Care Inspection Report 24 June 2020



Rush Hall

Type of Service: Nursing Home
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.

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. The home is divided into four units as detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Carol Craig 15 May 2018
Person in charge at the time of inspection: Emma McNeill, deputy manager 08.35 – 09.00 Carol Craig, registered manager 09.00 – 18.30	Number of registered places: 66 Maximum of 32 patients within category of care NH-DE and located within the Dementia Unit.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: Benevenaugh suite - 13 Roe suite - 12 Hunter suite - 16 Brighter suite - 9

4.0 Inspection summary

An unannounced inspection took place on 24 June 2020 from 08.35 to 18.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- care delivery
- communication
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and management arrangements.

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	*2	*4

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Carol Craig, manager and Emma McNeill, deputy 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.

5.0 How we inspect

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

This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 15 June 2020 and the 22 June 2020
- four patients' daily reports and care records
- four patient care charts including food and fluid intake charts and repositioning charts
- complaints ledger
- incident and accident records
- a sample of governance audits/records
- one staff recruitment file
- monthly quality monitoring reports from April 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- registered nurses competency and capability assessments
- staff supervision and appraisal matrix
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and an assessment of compliance was recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: Second time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.	Met
	Action taken as confirmed during the inspection: Review of accident/incident documentation and a sample of patient care records evidenced that this area for improvement had been addressed.	
Area for improvement 2 Ref: Regulation 13 (1) (a) 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. Specific reference to recording charts, care plans and daily records: <ul style="list-style-type: none"> • Fluid intake charts should include the date, time and signature of the person who assisted the patient with eating/drinking • 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 	Met

	<p>Action taken as confirmed during the inspection: Review of a sample of recording charts, care plans and daily records evidenced that this area for improvement had been addressed. This is discussed further in 6.2.4.</p>	
<p>Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: Second 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> <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>Action taken as confirmed during the inspection: Discussion with the manager confirmed that regular checks of recording charts were undertaken and RQIA were satisfied that patients repositioning needs were met as per their care plan.</p>	<p>Met</p>
<p>Area for improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: 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>With specific reference to ensuring that:</p> <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 <p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of patient care records evidenced that medical conditions and normal bowel type/frequency were not always included within identified patients care plans.</p> <p>This area for improvement had not been fully met and is stated for a second time.</p>	<p>Partially met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second 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"> • IPC • Hand hygiene • Environment • Supplementary recording charts 	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of audits evidenced that where deficits were identified an action plan had been implemented with follow up from management.</p>	
Area for improvement 2 Ref: Standard 35 Stated: 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:</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. 	Partially met
	<p>Action taken as confirmed during the inspection: Review of care records evidenced that a review of the folder had been completed by management following admission; however, a number of care plans had not been implemented specific to the assessed needs of the patient.</p> <p>This area for improvement has not been fully met and is stated for a second time.</p>	

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 08.35 hours we were greeted by the deputy manager and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager advised us of the daily staffing levels within each unit and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. Review of staff duty rotas evidenced that the planned staffing levels had been adhered to.

Observation throughout the inspection evidenced that the number and skill mix of the staff on duty met the needs of the patients.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- “Very supported by management.”
- “Great team here.”
- “Staffing levels are good.”
- “I love working here.”
- “Morale is good.”
- “Patients well cared for.”

6.2.2 Care delivery

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rush Hall nursing home. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and of how to provide comfort if required. Patients were supported by staff in maintaining their personal care in a timely and discreet manner. Comments from patients included:

- “I have everything I need here.”
- “Staff are very good to me here.”
- “Great wee place here.”
- “The food is great.”

Staff were observed attending to patients specific requests and were compassionate in their approach. Most patients remained in their bedrooms throughout the inspection due to COVID-19 social distancing measures. Staff described the challenges of managing patients with COVID-19. For example, encouraging patients, who have dementia, to maintain isolation and/or social distancing.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients' needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside patients when assisting them with their meal.

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, and the provision of clocks.

6.2.3 Communication

We confirmed through discussion with staff and patients that systems were in place to ensure good communications between the home, patient and their relatives during the Covid-19 visiting restrictions. Some examples of the efforts made included; video calls, telephone calls and visits to the window.

Discussion with patients and the personal activity leaders (PAL's) evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Some patients expressed their desire to return to communal areas within the home but acknowledged the current restrictions and safety measures which were in place.

On the day of the inspection the PAL discussed the provision of activities and the current arrangements within the home to facilitate patient involvement in accordance with social distancing restrictions. The patients appeared to enjoy the interaction between the staff and each other.

6.2.4 Care Records

There was evidence that care records were reviewed regularly and positive changes had been made since the previous care inspection in an effort to personalise care plans. However, review of four patients' care records evidenced that where an assessed need of a patient had changed, not all care plans were accurately updated to reflect these changes, including a recommendation which had been made by a tissue viability nurse (TVN) regarding the frequency of repositioning for an identified patient. Specific examples were discussed in detail with management who acknowledged the shortfalls identified and agreed to communicate with relevant staff the importance of accurately recording information within patients' care records. An area for improvement was made.

Review of a sample of patient supplementary charts, as discussed in section 6.1, it was evident that fluid intake was well maintained; however, the daily recommended fluid intake was not recorded within all care plans or fluid intake charts. Staff said that a daily target of 1,200 ml had been set for all patients which was totalled over 24 hours and submitted to management for review each morning. The manager advised that this process had enabled them to obtain the average fluid intake for each patient over the past three months but agreed that daily targets should be included in care plans. This will be reviewed at a future inspection.

6.2.5 Infection prevention and control (IPC) measures

We found that there was an adequate supply of PPE and hand sanitising gel at the entrance to each of the units and each unit had an area identified to safely remove PPE. However, along the main corridor area of each unit there was limited availability of PPE and/or hand sanitising gel. We discussed this with the manager and an area for improvement was made.

Staff spoken with were knowledgeable regarding the symptoms of Covid-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff also said

that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

We were advised by staff that temperature checks were being completed on all patients and staff twice daily and that any concerns or changes were reported to the manager and/or nurse in charge.

Staff demonstrated an awareness of the various types of PPE with the majority of staff observed applying and removing PPE correctly. However, we observed one staff member leaving a patient's bedroom without removing the PPE and/or washing their hands. This was discussed with the manager who agreed to monitor this practice during daily walk around and communicate with staff as necessary.

We discussed the provision of mandatory training specific to IPC measures with management who advised that training had been provided to ensure that staff have the necessary skills and knowledge to care for the patients. Training records confirmed that staff had completed IPC training and that management were monitoring progress with overall mandatory training to ensure full compliance.

Observation identified that the storage of equipment such as wheelchairs and hoists, clean linen, linen trolleys and boxes of PPE; where there was a toilet needed to be reviewed and the advice received from the Trust clarified in relation to the regional IPC guidance. Details were discussed with the manager and an area for improvement was made.

6.2.6 Environment

The environment was fresh smelling, neat and tidy. The manager discussed that recent refurbishment plans had been delayed due to the COVID-19 restrictions but that the work would recommence as restrictions were relaxed.

Within the Benevenaugh suite we identified an electrical socket in a patient's bedroom with adhesive tape secured to it. This was discussed with the manager who advised that an electrician had been contacted to repair the socket and that the maintenance person for the home had deemed it to be safe in the interim. Following the inspection written confirmation was received that the socket had been repaired.

We observed a lounge area within the Brighter suite which was being used as a temporary staff dining area. This room now contained a toaster, kettle, microwave and staff food and the door was unlocked. As this unit cares for patients living with dementia we advised the nurse in charge of the unit to keep this room locked to ensure patients were not put at risk of potential harm by having free access to the equipment and staff food. The manager advised us that this was a temporary measure due to current COVID-19 restrictions but acknowledged that the door should have been locked. We discussed the importance of rooms being used for the purpose that they are registered for and following the inspection the manager confirmed that the room had been converted back to its original use and that any potential risks to patients had been removed.

6.2.7 Leadership and management 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.

Review of one staff recruitment file evidenced that gaps in employment had not been explored prior to the commencement of employment in line with best practice. This was discussed with the manager who agreed to update these records. An area for improvement was made.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager. Copies of the report were available for patients, their representatives, staff and trust representatives and provided detailed and robust information in relation to the conduct of the home including an overview of care records, complaints, the environment, accidents and incidents and adult safeguarding. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas of good practice

Evidence of good practice was found in relation to staffing arrangements. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was a strong culture of compassionate care in the home.

Areas for improvement

Four new areas were identified for improvement. These were in relation to care records, the availability of alcohol hand sanitiser/PPE, infection prevention and control (IPC), and recruitment.

	Regulations	Standards
Total number of areas for improvement	1	3

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

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, manager and Emma McNeill, deputy 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>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 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. With specific reference to ensuring that:</p> <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 <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: All care plans have been reviewed to ensure that all relevant medical history is included. Elimination care plans now state the resident's normal bowel and frequency type. Both these areas will be monitored during the care plan audit process.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>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.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: All care files have been reviewed to reflect the resident's current condition and assessed needs. Staff have completed a training session in relation to updating care plans following a change in needs or following recommendations made by other health care professionals. Compliance will be monitored through the internal auditing process and via the Regional Manager as part of the Reg 29 audit.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: With immediate effect	<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"> 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>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: A Care file audit is now completed on all new residents, seven days post admission to ensure that all care plans and risk assessments are completed in the required timeframe. This will also be monitored by the Regional Manager as part of the Reg 29 audit.</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: With Immediate effect	<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>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: An appropriate area has been identified to store wheelchairs and hoists. Clean and unclean laundry are now correctly segregated and stored appropriately. Supervision sessions have been held with staff in relation to infection control and storage of equipment, linen and PPE. This is being monitored during a daily walkabout audit.</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: With Immediate effect	<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>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: The corridor areas have been reviewed with regards to the provision of PPE and the availability of alcohol sanitisers and PPE supplies has been increased in these areas.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</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>Ref: 6.2.7</p>
	<p>Response by registered person detailing the actions taken: Staff files are fully checked prior to commencement of employment/transfer from another Home by the Home Manager. If anomalies are highlighted then appropriate action will be taken prior to commencement of duty.</p>

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



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