

Inspection Report

29 July 2022



Rush Hall

Type of Service: Nursing Home
Address: 51 Brighter Road,
Limavady, BT49 9DY
Telephone number: 0 28 7776 9326

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Ann's Care Homes Limited</p> <p>Responsible Individual: Mrs Charmaine Hamilton</p>	<p>Registered Manager: Mrs Carol Craig</p> <p>Date registered: 15 May 2018</p>
<p>Person in charge at the time of inspection: Mrs Carol Craig</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: 50</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 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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2022 from 9am to 5pm 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.

It was positive to note that all areas for improvement identified at the previous care inspection have been met and there were no new areas for improvement identified during this inspection.

One area for improvement in relation to medicines management has been carried forward for review at a future inspection.

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.

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 Manager 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 very good", "I feel safe here" and "I love living here". There were no questionnaires received from patients or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "This is a great place" and a further staff member said "I love it here". There was no feedback from the staff online survey.

Four relatives and a visiting professional were consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included: "The care here is first class", "The staff are so pleasant, polite and

accommodating”, “Everyone is very friendly”, “Great care provided in this home” and “The home is spotless”.

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 3 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) (d) (g) Stated: Second time	The registered person must ensure that all areas of the home are kept in good state of repair, is reasonably decorated and has adequate seating.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the Manager evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 29 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 16 (1) (2) (b) Stated: First time	The registered person shall ensure that care plans are prepared in consultation with the patient or representative as to how the patients' needs are to be met which is kept under review and updated as necessary.	Met
	This specifically refers to the delivery of personal care and preference regarding clothing/footwear.	

	<p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: First time</p>	<p>The registered person shall ensure that where instances of bruising are identified that :</p> <ul style="list-style-type: none"> • these are reported to the nurse in charge • a body map is completed detailing the location of the bruising and the date is completed • relevant care plans and risk assessments are implemented/updated next of kin, Trusts or other professionals are informed as required. <p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 5 Ref: Regulation 14 (2) (a) Stated: First time</p>	<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>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 6 Ref: Regulation 13 (7) Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>Action taken as confirmed during the inspection: Observation of the environment, staff practices and discussion with the Manager evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 7 Ref: Regulation 27 (2) (b) (d)</p>	<p>The registered person shall ensure that equipment provided at the nursing home for use by patients and staff is properly maintained to enable effective cleaning.</p>	Met

Stated: First time	Action taken as confirmed during the inspection: Observation of the environment and discussion with the Manager evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: 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. 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.	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 46 Stated: Third and final time	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. Action taken as confirmed during the inspection: Observation of the environment and discussion with the Manager evidenced that this area for improvement had been met.	Met
Area for improvement 3 Ref: Standard 23 Stated: Second time	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. Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.	Met
Area for improvement 4 Ref: Standard 37 Stated: Second time	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.	Met

	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the Manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 5 Ref: Standard 35 Stated: Second time</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 	Met
	<p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 6 Ref: Standard 23 Stated: First time</p>	<p>The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment:</p> <ul style="list-style-type: none"> • that the care plan includes the recommended dressing type and frequency of dressing renewal • wound assessment charts are completed following each dressing renewal. 	Met
	<p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 7 Ref: Standard 23 Stated: First time</p>	<p>The registered person shall ensure that where a patient requires a hoist sling to remain in place whilst seated, that the correct type of sling is utilised in accordance with the manufactures guidance.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.</p>	

Area for improvement 8 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient care plans are commenced on the day of admission and completed within five days of admission to the home.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the Manager evidenced that this area for improvement had been met.	

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 face to face to enable them to carry out their roles and responsibilities effectively.

Review of a sample of employee recruitment records evidenced that appropriate employment checks had been carried out in line with best practice. Induction records were also reviewed and maintained within employee files.

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) with a record maintained by the Manager of any registrations pending.

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.

A matrix system was in place with the dates that staff competency and capability assessments had been completed for the nurse in charge in the absence of the Manager.

Staff supervision and appraisal planner was maintained by the Manager with a record of staff names and the date that the supervision/appraisal had taken place.

Patients said that they felt well looked after and that staff were attentive. One patient commented "The people who work here are very good" and another patient referred to the staff as "very kind and caring."

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. 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 a sample of repositioning records evidenced that they were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Due to COVID-19 restrictions most patients were having their meals within their bedrooms assisted by staff where necessary.

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.

A number of patient food protector aprons were observed to be worn. This was discussed with relevant staff who removed these during the inspection. The Manager agreed to continue to monitor this during daily walk arounds and to discuss with relevant staff where necessary.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT which was shared with the kitchen staff and maintained within care folders.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. A small number of deficits were identified and discussed with the Manager who had them amended prior to the completion of the inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation 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 a number of areas throughout the home had recently been decorated and the home was warm, clean and comfortable. The Manager confirmed that refurbishment works were ongoing to ensure the home is well maintained.

Patients' bedrooms were personalised with items important to the patient. The garden and outdoor spaces were well maintained with areas for patients to sit and rest.

A number of towels were identified as worn. This was discussed with the Manager who removed all necessary towels and confirmed that a purchase order had been made for new towels and would be closely monitored going forward.

The 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 and any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were adhering to IPC best practice guidance. There was a good supply of personal protective equipment (PPE) and hand sanitiser throughout the home.

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 commented positively about the food provided within the home with comments such as; "Food is excellent", "The food is nice" and "If I don't like something on the menu they (staff) get me something different."

During the inspection patients were observed 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.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

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 Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* The total number of areas for improvement includes one standard in relation to medicines management which has been carried for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Carol Craig, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 29 Stated: 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. Ref: 5.1
To be completed by: With immediate effect (22 September 2021)	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.

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



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