

Unannounced Care Inspection Report

7 August 2020



Daleview House

Type of Service: Nursing Home

**Address: Shepherds Way, Dungiven Road, Londonderry,
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Tel No: 028 7134 8015

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 30 patients.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Miss Sheena McCallion	Registered Manager and date registered: Marcella Harriet McCorkell 31 December 2008
Person in charge at the time of inspection: Marcella Harriet McCorkell, manager	Number of registered places: 30
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 7 August 2020 from 09.40 to 16.30 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 information received from the adult safeguarding team of the Western Health and Social Care Trust (WHSCT), regarding recommendations made by them following an investigation into allegations of inadequate care delivery; a decision was made by RQIA to undertake an inspection. The recommendations were in relation to the following:

- personal care/bathing
- mobilising
- meal provision
- staff supervision and support.

The following areas were examined during the inspection:

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

As a result on this inspection we evidenced that the allegations of inadequate care delivery were not substantiated. Details of the inspection findings and areas for improvement are discussed within section 6.2 and the Quality Improvement Plan (QIP) within this report.

Evidence of good practice was found during the inspection in relation to the 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.

Comments received from patients, patient representatives 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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Details of the Quality Improvement Plan (QIP) were discussed with Marcella Harriet McCorkell, manager and Marilou Malate, 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 findings, 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. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 27 July 2020 and the 3 August 2020
- three patients' daily reports and care records
- three patients' care charts including food and fluid intake charts
- complaints ledger
- staff supervision records
- staff training records specific to IPC and moving and handling
- one staff recruitment and induction file

- adult safeguarding folder
- a sample of governance audits
- a sample of registered nurse competency and capability assessments for taking charge of the home
- a sample of monthly monitoring reports from June 2020.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 31 January 2020. Other than those actions detailed in the QIP no further actions were required.

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 20 (3) Stated: First time	The registered person shall ensure that registered nurses complete a competency and capability assessment for 'nurse in charge' prior to taking charge of the home in the absence of the manager.	Met
	Action taken as confirmed during the inspection: Review of a sample of registered nurses competency and capability assessments for 'nurse in charge' evidenced that this area for improvement had been met.	

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 09.40 hours we were greeted by the manager and staff who were helpful and attentive. There was a pleasant atmosphere in the home throughout the inspection and staff were observed to have friendly interactions with patients.

The manager advised us of the daily staffing levels within the home and how these levels were reviewed regularly to ensure the assessed needs of the patients are met. On review of the staff duty rota the first and surnames of staff employed by the home and the nurse in charge were clearly highlighted, however, we identified that agency staff names were not included on the duty rota instead the word “vacant” was recorded where an agency member had covered a shift. On discussion with the manager a separate recording chart was used to record the names of the agency staff and the shifts covered. The manager was asked to review the system of recording shifts covered by agency staff to ensure they are included on the duty rota. Following the inspection the manager forwarded an updated template of the duty rota which included a section for the names of agency staff.

We observed a high number of agency staff covering shifts on a regular basis and discussed this with the manager who indicated that the majority of these staff were blocked booked to ensure continuity of care. On discussion with agency staff who were on duty during the inspection evidenced that they had worked within Daleview House for several plus months on a regular basis. The manager further advised that care assistants had recently been recruited and were awaiting relevant employment checks prior to commencing employment.

Staff spoken with confirmed what the manager had discussed with us and welcomed the addition of new employees to enhance the availability of cover during short notice absence. Agency staff also confirmed that they felt supported by management and were updated daily regarding any changes in a patient’s needs. Comments from staff included:

- “Lots of training.”
- “Great leadership from management.”
- “Feel very safe working here.”
- “The manager has been fantastic through this COVID-19 pandemic.”
- “Great team here.”
- “Really enjoy working here.”

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

On review of one staff recruitment record it was evidenced that they were employed following a robust monitoring system to ensure the safety of patients. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and an induction specific to the role of the staff member was completed.

A system was also in place to direct the management team of when staff were due their supervision and yearly appraisal. On review of records and discussion with staff, confirmed that supervisions and appraisals are ongoing within the home.

We discussed staff training specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) and were advised by the manager that the majority of staff had completed level 2 training. We further discussed with the manager level 3 training for staff such as registered nurses with overseeing responsibilities which had not been completed. Following the inspection written confirmation was received by RQIA that level 3 training had been commenced by relevant staff specific to their role, with ongoing monitoring to ensure full compliance. This will be reviewed at a future inspection.

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 Daleview House. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and of how to provide comfort if required. Comments from patients included:

- "We are all doing well here."
- "Staff are very kind."
- "I have everything I need here."
- "Very happy."
- "Food is great here."

Five questionnaires were returned from patients. The respondents were very satisfied with the service provision across all four domains.

Patients were supported by staff in maintaining their personal care in a timely and discreet manner and whilst most patients were well presented a number of patient finger nails were not maintained and staff were requested to attend to this aspect of care during the inspection. We further requested that the manager review the suitability of one patient's placement within the home as their care needs were not being fully met. Following the inspection written confirmation was received by RQIA that the care manager within the WHSCT had been informed and that relevant assessments were being carried out.

We observed manual handling procedures by staff assisting patients to move from chair to wheelchair via hoist, assisting patients to stand and supporting patients when walking. There was good communication by staff with patients, where staff provided good explanation of what was going to happen prior to the patients being moved. Review of three patients care records evidenced that a manual handling assessment was completed and reviewed regularly which included the level of mobility and equipment required. All relevant staff had received training in moving and handling and the manager stated that there is ongoing monitoring to ensure full compliance with mandatory moving and handling training.

On review of the seating arrangements within the lounge and dining room, the chairs were positioned beside each other and did not promote an environment for social distancing. This was discussed with the manager who agreed to review the seating arrangements. Following the inspection written confirmation was received by RQIA from the manager that the seating arrangements had been reviewed.

6.2.3 Meal provision

We observed the delivery of the lunch time meal. Food was served by the cook from a heated trolley within the dining room which was supervised at all times. Staff were knowledgeable in respect of patients' dietary requirements and food was served when patients were ready to eat or be assisted with their meals. A range of drinks were offered and alternative meals were provided when requested.

Patients were observed to be assisted in an unhurried manner and staff were observed chatting with patients while assisting them. The food served appeared nutritious and appetising and the portions and meal textures were appropriate for the patients to which the food was served. Staff were organised to assist patients in the patients' preferred dining area and food was covered

when transferred from the dining room. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients appeared to enjoy the mealtime experience and staff were knowledgeable of which patients required full supervision when eating and were appropriately supervised during the mealtime.

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. A four weekly menu was on display within the dining room; however, the daily menu was not on display. This was discussed with the manager and an area for improvement was made.

6.2.4 Communication

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

We also sought relatives' opinion on staffing via questionnaires. Three questionnaires were returned from patient representatives. Two of the respondents were very satisfied with the service provision across all four domains. One respondent was less satisfied stating "the home has too many agency staff" and that standards from agency staff are not as effective as the staff employed by the home who are "good and attentive". They further stated that "over lockdown staff never contacted family to give updates". This information was shared with the manager who agreed to escalate this to senior management and to initiate communication with all relatives to establish any views or suggestions to improve the service where necessary.

6.2.5 Care records

Review of three patient care records evidenced that there were a number of deficits within care plans and risk assessments to direct the care required as follows:

- a number of risk assessments had not been reviewed in the required timeframe
- identified care plans regarding pain management did not include the location of the patient's pain and/or reason for pain
- care plans did not accurately reflect the patients' medical history
- two identified patient's care plans with a history of weight loss did not accurately reflect the most recent malnutrition universal screening tool (MUST) score.

Specific examples were discussed in detail with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records. In order to drive improvements, this was identified as an area for improvement.

6.2.6 Infection prevention and control measures

We found that there was an adequate supply of personal protective equipment (PPE) and hand sanitising gel throughout the home. On discussion with staff they advised that management were very proactive in ensuring there was a good supply of PPE.

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.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had access to online training and that the training provided them with 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.

We observed a number of staff practices which were not in accordance with IPC guidelines. For example, we observed several staff wearing their face mask incorrectly and not washing their hands following contact with the surface of the mask. We observed staff using the patient dining area for their staff breaks and discussed the importance of ensuring that zones are maintained throughout the home indicating separate patient and staff areas as per COVID-19 care home guidance. We further observed toilet paper and wipes on top of toilet cisterns within communal bathrooms; two mop buckets that were unclean and the colour coding system for cleaning infected areas was identical to the colour coding for cleaning of corridor areas and therefore risked the potential spread of infection. Despite nearly all staff having completed training in IPC, it was evident from the above findings that training had not been fully embedded into practice and an area for improvement was made.

6.2.7 Environment

On review of the environment damage was observed to the surface of a number of bedframes, chest of drawers and bed rail protectors. This was discussed with the manager who advised that a number of bedframes had been replaced prior to the COVID-19 restrictions and that further bedframes were scheduled for replacement. We asked the manager if an audit on the environment had been carried out to establish an action plan to address these deficits. The manager confirmed that the environmental audit had not been carried out in recent months and was unable to evidence a schedule of refurbishment. This is discussed further in 6.2.8.

A number of unoccupied rooms were being used as temporary storage, a visiting room and a staff dining area. The manager advised us that this was a temporary measure due to current COVID-19 restrictions. We discussed the importance of the rooms being used for the purpose that they were registered and requested written information regarding the location of the rooms and that this was a temporary measure during the COVID-19 pandemic. Following the inspection, this information was received in writing from the manager.

6.2.8 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.

A number of governance audits were requested for review in relation to hand hygiene, PPE compliance, the environment and meal time experience. The manager provided audits which were carried out on hand hygiene but was unable to provide any of the other audits requested. In order to drive the necessary improvements an area for improvement was made in relation to quality governance audits.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that a medication incident had not been submitted to RQIA in accordance with regulation and requested that this be submitted retrospectively. We further discussed the importance of notifying RQIA regarding all referrals to adult safe guarding as we had not been made aware of the allegations of inadequate care delivery. Following the inspection a notification was received regarding the medication incident and written confirmation was received from the manager stating that all adult safeguarding referrals would be reported to RQIA going forward. The reporting of notifiable events was identified as an area for improvement.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager and copies of the report were available for patients, their representatives, staff and trust representatives. The reports reviewed did not fully identify trends or patterns in accidents/incidents specific to the integrity of patient's skin, and/or the issues that were evident during the inspection in relation to the environment, care records, non-reporting of notifiable events and deficits in IPC. An area for improvement was made in relation to monthly monitoring reports.

Following the inspection a discussion was held with Deidre Walker, director of Apex Housing Association, regarding the findings of the inspection and monthly monitoring reports. Deirdre agreed to liaise with the regional manager regarding these deficits and to provide the manager with the necessary support to address the issues detailed within this report.

Written confirmation was received on 13 August 2020 from the deputy manager detailing immediate action that had been taken to address the issues identified during the inspection, followed by an action plan on the 18 August 2020 from the manager detailing the measures that were implemented to address all deficits going forward, to improve the delivery of safe and effective care within the home.

Areas for improvement

Six new areas were identified for improvement. These were in relation to the menu display, care records, infection prevention and control (IPC), quality governance audits, reporting of notifiable events and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	4	2

6.3 Conclusion

There was evidence that staff were knowledgeable regarding the needs of patients and how to access relevant services in response to the needs of patients. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection and that an action plan had been developed to address all deficits going forward.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marcella Harriet McCorkell, manager and Marilou Malate, 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: First 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.</p> <p>This is in specific reference to care plans and risk assessments:</p> <ul style="list-style-type: none"> • risk assessments are completed on a monthly basis or more often if necessary • accurately reflect the location and nature of the patients pain within pain management care plans • contain clear information regarding medical conditions where treatment is being provided • where a patient has a history of weight loss the MUST is accurately reflected within the care records. <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The issues identified by the Inspector on the day of the Inspection in relation to a particular resident's care plans and risk assessments were addressed immediately</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: An environmental audit has been completed and will be completed monthly going forward. Identified furniture and profile bed footers have been ordered by the Manager</p>

Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the monthly quality monitoring report is robust, provides sufficient information on the conduct of the home and includes an action plan of any identified areas for improvement following the visit.</p> <p>Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: All trends or patterns in relation to accidents/incidents/environmental issues relating to IPC will be identified and discussed during Regulation 29 visits</p>
Area for improvement 4 Ref: Regulation 30 (d) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that RQIA are notified of any event in the home which adversely affects the wellbeing or safety of any patient.</p> <p>Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that all events which occur in the home which adversely effect the well being of residents will be notified to RQIA within agreed timescales</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 12 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location, showing what is available at each mealtime.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Completed</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 7 September 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> <ul style="list-style-type: none"> • environmental and PPE compliance audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned • audits on the meal time experience should be commenced • governance audits in respect of care records to ensure care plans and risk assessments are maintained as required. <p>Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: Quality assurance audits will be carried out monthly in respect of PPE compliance, meal time experience and care records</p>
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