

Unannounced Care Inspection Report

06 March 2018



Daleview House

Type of Service: Nursing Home (NH)

Address: Shepherds Way, Dungiven Road, Londonderry, BT47 5GW

Tel No: 028 71348015

Inspector: Bridget Dougan

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Gerald Kelly	Registered Manager: Marcella Harriet McCorkhill
Person in charge at the time of inspection: Marcella Harriet McCorkhill	Date manager registered: 31 December 2008
Categories of care: Nursing Home (NH) I – Old age not falling within any other category	Number of registered places: 25

4.0 Inspection summary

An unannounced inspection took place on 06 March 2018 from 11.00 to 17.00.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staff recruitment; induction, training, competency and capability assessments, infection prevention and control, risk management and the home's environment. There were also examples of good practice found in relation to governance arrangements, quality monitoring and the culture of the home which promoted a sense of teamwork.

Areas of improvement under the regulations were identified in relation to adult safeguarding and the notification of incidents to RQIA.

Areas for improvement under the standards were also identified in relation to restrictive interventions, staff training, the development of behaviour support plans and repositioning records.

Patients and relatives said that they were satisfied with the care and services provided and patients described living in the home in positive terms.

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

This inspection resulted in two areas for improvement under the regulations and four areas for improvement under the standards being identified. Findings of the inspection were discussed with Marcella McCorkhill, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 08 November 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 08 November 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with twenty patients, six staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

The following records were examined during the inspection:

- duty rotas for nursing and care staff
- staff training records
- a sample of incident and accident records
- complaints record
- one staff recruitment and induction file
- four patient care records
- supplementary care charts for example; repositioning charts, food and fluid charts, bowel records
- a selection of governance audits
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 08 November 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 08 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: Second time	The registered persons should ensure that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use.	Met
	Action taken as confirmed during the inspection: Review of the settings of pressure relieving mattresses and relevant documentation evidenced that a system was in place to ensure the settings were monitored and recorded to ensure their effective use.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered persons shall ensure that wound assessments are undertaken on a weekly basis or more often as required.	Met
	Action taken as confirmed during the inspection: Three patients wound care records were reviewed and evidenced that wound assessments had been completed on a weekly basis or more often as required.	

Area for improvement 3 Ref: Standard 4 Stated: First time	The registered persons shall ensure that care plans for acute infections are developed and updated, as required.	Met
	Action taken as confirmed during the inspection: A sample of four patients care records were reviewed and evidenced that care plans for acute infections were developed and updated as required.	
Area for improvement 4 Ref: Standard 35.18 Stated: First time	The registered persons shall ensure that the system for managing Chief Nursing Officer (CNO) alerts is further developed, to ensure that it is sufficiently robust.	Met
	Action taken as confirmed during the inspection: A robust system was in place for managing CNO alerts.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for weeks commencing 19, 26 February and 5 March 2018 evidenced that planned staffing levels were adhered to.

Discussion with patients and relatives evidenced that there were no concerns regarding staffing levels. Two staff expressed some concerns regarding the high level of agency staff on duty, especially at the weekends. This information was shared with the registered manager at the conclusion of the inspection. The registered manager confirmed that recruitment was underway for permanent nurses and care assistants to cover vacant posts. The registered manager confirmed staffing levels would continue to be kept under review.

Observation of the delivery of care at the time of this inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of one recruitment record evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. The record confirmed that an enhanced AccessNI check was sought, received and reviewed prior to staff commencing work.

The registered manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of induction programmes evidenced that these were completed within a meaningful timeframe. Agency staff induction records were also reviewed and evidenced that agency staff completed a two day induction with the agency and worked a full shift supernumerary in the home. Induction records were maintained appropriately.

The competency and capability assessments of the person left in charge of the home in the absence of the registered manager were observed and found to be well maintained.

A review of documentation confirmed that the majority of potential safeguarding concerns were managed appropriately. One potential safeguarding concern which occurred on 16/2/18 had not been reported promptly or managed in accordance with the regional safeguarding protocols and the home's policies and procedures. An area for improvement has been made.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Observation of care practice delivered to one identified patient who presented with some complex and challenging needs was undertaken. Staff were observed attending to the patient's needs, and offering frequent fluids and reassurance. The patient's care records were examined to ensure the arrangements were safe and proportionate.

Discussion with the registered manager and review of records for this identified patient, evidenced regular contact with the multidisciplinary team regarding the care and treatment provided. It was further confirmed that a care management review meeting had also been arranged. We were unable to evidence that the decision regarding the location of the patient had been made by the multidisciplinary team, was discussed with the patient's representatives, had been included in the care plan and was the least restrictive option available to keep the patient safe. An area for improvement has been made.

The provision of mandatory training was discussed with staff and training records were reviewed for 2017. Training records evidenced good compliance. The registered manager confirmed that they had systems in place to facilitate compliance monitoring. Additional training for staff on the management of challenging behaviour and caring for patients with dementia was discussed with the registered manager and it was agreed this would be beneficial. An improvement has been made in this regard.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, competency and capability assessments, infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement under the regulations was identified in respect of adult safeguarding. Two areas for improvement under the standards were identified in respect of restrictive interventions and staff training.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

In general, care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. We examined the care records of one patient whose behaviour challenged others. While a care plan was in place for the management of challenging behaviour, as discussed in section 6.4, it did not identify the restrictive option chosen in respect of the location of the patient, or evidence that this was a multidisciplinary decision. An improvement has been made.

Supplementary care charts such as bowel charts, food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. While repositioning records were generally well maintained, they did not include any information on the condition of patients' skin upon being repositioned. An area for improvement has been made accordingly.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered. There was evidence of regular monthly audits of a number of areas including care records, falls management and infection control. Action plans had been developed and there was evidence that the actions had been embedded.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis. Patients and relatives expressed their confidence in raising concerns with the staff and registered manager.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture of the home which promoted a sense of teamwork.

Areas for improvement

Two areas for improvement under the standards were identified in respect of the development of behaviour support plans and repositioning records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Observation of the lunchtime meal confirmed that patients were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated patients with dignity and respect, affording patients adequate time to make decisions and choices and offered reassurance and assistance appropriately.

Patients who were able to communicate their feelings indicated that they enjoyed living in Daleview and that staff were caring and attentive.

Comments included:

- “Staff are all very good and kind”
- “I’m very happy here, I’ve no concerns”
- “the home is lovely and bright and clean”

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. A copy of the most recent annual report and action plan were available.

We spoke with three relatives during this inspection all of whom were complimentary regarding the management, staff and the care provided to their loved ones.

Twelve questionnaires were left with the registered manager to issue to relatives and patients who were not consulted during the inspection and none were returned.

Some comments received from relatives during the inspection included:

- “I am very happy with the care and attention my mother is receiving. The staff are all very caring and dedicated”
- “we looked around a few different homes and are delighted that we chose this one”

A poster was also displayed for staff inviting them to provide online feedback to RQIA. No feedback was received following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of patients’ needs, wishes and preferences; patient and staff interactions.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The registration certificate was up to date and displayed appropriately.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussion with the registered manager and review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that the majority were managed appropriately. Two notifications had not been made in a timely manner. An improvement has been made.

A review of records evidenced that robust governance arrangements were in place. Areas audited included but were not limited to; trend analysis of accidents and incidents, care records; wound management, laundry, meals, infection control and environmental audits. The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was included within the report to address any areas for improvement and was reviewed at the next visit. Copies of the quality monitoring reports were available in the home.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality monitoring and maintaining good working relationships.

Areas for improvement

An area for improvement under the regulations was identified in respect of the notification of incidents to RQIA

	Regulations	Standards
Total number of areas for improvement	1	0

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 McCorkhill, 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>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure all potential safeguarding concerns are promptly reported in accordance with regional adult safeguarding policy and procedures.</p> <p>Ref: Section 6.4</p>
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<p>To be completed by: 31 March 2018</p>	<p>Response by registered person detailing the actions taken: The registered person will ensure all potential safeguarding concerns are reported promptly in accordance with Regional Adult Safeguarding Policy and Procedures. Adult Safeguarding scenarios will be shared at staff meeting / supervisions to promote greater awareness. Structured training on accident / Incident recording and reporting will be provided by the Manager / Acting Manager for all nurses by end May 2018.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure all notifications of incidents are submitted to RQIA in a timely manner, in accordance with legislation.</p> <p>Ref: Section 6.7</p>
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<p>To be completed by: 31 March 2018</p>	<p>Response by registered person detailing the actions taken: The registered person will ensure all notifications of incidents are submitted to RQIA in a timely manner in accordance with Legislation. Additional delegated users have now be given permission to access RQIA Web Portal to facilitate more timely notifications.</p>
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Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that restrictive interventions are evidence-based, proportionate and the least restrictive option required.</p> <p>Ref: Section 6.4</p>
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<p>To be completed by: 31 March 2018</p>	<p>Response by registered person detailing the actions taken: The registered person will ensure that restrictive interventions are evidenced based, proportionate and the least restrictive option required.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</p>	<p>The registered person shall provide additional training for staff on understanding and responding to distressed behaviour in patients with dementia</p> <p>Ref: Section 6.4</p>
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<p>To be completed by: 30 April 2018</p>	<p>Response by registered person detailing the actions taken: Dementia training has been sourced via Evolve E-learning training module. All staff will have completed training by end April 2018.</p>
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<p>Area for improvement 3</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that a specific documented behaviour support plan for the management of behaviour that challenges is drawn up and agreed with patients/their relatives and relevant professionals and is regularly reviewed for effectiveness. The plan identifies activities that can have a positive and preventative effect to minimise episodes of distress.</p> <p>Ref: Section 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>Response by registered person detailing the actions taken: Care plans have been developed and agreed by all relevant persons and will be reviewed regularly for effectiveness.</p> <p>The registered person shall ensure that where patients are assessed as being at risk of pressure damage; staff document the condition of the patients skin upon being repositioned.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that where patients are assessed as being at risk of pressure damage, staff will document the condition of the patients skin upon being repositioned.</p>

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



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