The Regulation and Quality Improvement Authority

Inspection Report

25 November 2021

Culmore Manor Care Centre

Type of service: Nursing
Address: 39 Culmore Road, Londonderry, BT48 8JB
Telephone number: 028 7135 9302

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd **Responsible Individual:** Mr Christopher Walsh	**Registered Manager:** Mr Ryan O'Donnell **Date registered:** 28 June 2021
Person in charge at the time of inspection: Mr Ryan O'Donnell	**Number of registered places:** 56 A maximum of 46 patients in category NH-I and a maximum of 10 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	**Number of patients accommodated in the nursing home on the day of this inspection:** 55
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides general nursing care for up to 55 patients. The home is a two storey, purpose built residence. Patient bedrooms, lounges, dining rooms and bathroom/toilets are located over the two floors.	

2.0 Inspection summary

An unannounced inspection took place on 25 November 2021, from 10:30am to 7:00pm by a care Inspector.

The inspection assessed progress with the areas for improvement identified in the home 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.

The outcome of the inspection confirmed that the care in Culmore Manor was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and systems in place to provide oversight of the delivery of care.

As a result of this inspection three areas for improvement were identified with recruitment, the checking of staff registration with their professional body and the recording of complaints. Compliance with these areas will further improve the services provided in the home.

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 information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, 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 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 the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the RI and Manager were provided with details of the findings.

4.0 What people told us about the service

Patients were complimentary regarding staff, their attitude and their willing to assist them. They provided examples of what they liked about living in Culmore Manor; they said they were well looked after and that they enjoyed the food. The atmosphere in the home was unhurried and social. Patients called staff by their name and were well informed of the day to day running of the home.

Staff were knowledgeable of patients assessed care needs and also of patients likes, dislikes and preferred routines. They said that they were well supported by management and were happy working in the home. Observations of staff working practices evidenced there was good communication between them to ensure that patients' needs were met.

One relative who was visiting was complimentary regarding the standard of care and manner with which staff delivered care.

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 21 October 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 43 **Stated:** First time	The registered person shall ensure that the areas relating to the environment identified in the report are addressed; this relates specifically to the area of identified corridor flooring.	**Met**
	Action taken as confirmed during the inspection: Observations of the environment confirmed that this area for improvement has been met.	
Area for Improvement 2 **Ref:** Standard 23.2 **Stated:** First time	The registered person shall ensure that where a patient is assessed as at risk of pressure damage a prevention and treatment care plan is put in place.	**Met**
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement has been met.	
Area for Improvement 3 **Ref:** Standard 44.1 **Stated:** First time	The registered person shall ensure that the damaged doorframes and skirting's on the first floor unit are repaired and repainted.	**Met**
	Action taken as confirmed during the inspection: Observations of the environment confirmed that this area for improvement has been met.	
Area for Improvement 4 **Ref:** Standard 43 **Stated:** First time	The registered person shall ensure that equipment is not inappropriately stored in the identified bathroom	**Met**
	Action taken as confirmed during the inspection: Observations of the environment confirmed that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a system in place to ensure staff were safely recruited prior to commencing work. Staff registration with their professional body and the date police checks were received should be included in the recruitment processes; this was identified as an area for improvement.

All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. Systems were in place to regularly check that they were appropriately registered and that their registration remained live. Not all staff were included on the monthly check; this was identified as an area for improvement. Confirmation was received following the inspection that all staff were appropriately registered. Newly appointed care staff were being supported by the Manager to complete their registration.

The staff duty rota accurately reflected the staff working in the home on a daily basis. There was evidence that where staff reported unfit for duty at short notice reasonable attempts were made to replace staff. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way. Staff were satisfied that when the planned staffing was provided there were sufficient staff to meet the needs of the patients.

Patients were happy with the manner in which staff attended them; they told us that staff were always around and willing to help when needed. One patient spoke of how happy they were in the home and attributed this happiness largely to the attitude of the staff, how they supported him and to the “good food.” Another patient spoke of how quickly staff attended when they needed them.

We spoke at length with a patient and their relative. The patient was well informed with ongoing medical support they were receiving and explained that staff kept them up to date with forthcoming appointments and the outcome of investigations. Their relative, who was a care partner, spoke of how they were always made to feel welcome when they visited. They commented on staffs’ consistent approach and their “cheery” manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine, wishes and preferences.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs. Care records contained good detail of the individual care each patient required and were reviewed

regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded and evidence that patients were assisted to change their position regularly. Patients with wounds had these clearly recorded in their care records. Records reflected the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. In one file the circumstances of the fall was reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. In the second file reviewed this review had not taken place; the need to ensure a consistent approach was discussed with the Manager. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records confirmed that appropriate referrals were made if patients were losing weight. Records were kept of what patients had to eat and drink however the precise nature of the meal was not always recorded to evidence that patients were receiving a varied diet. This information was available from the food choice sheets but these were not routinely retained as patient records. This was discussed with the Manager who agreed to review the recording of meals.

Patients had the choice of having their lunch in the dining room, their bedroom or a quiet area of the home. Meals were transported from the kitchen in a heated trolley. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals.

A choice of two main dishes was available at each meal for all patients, including those who required a modified diet. The food served was attractively presented and smelled appetising. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need. Patients enjoyed their meal and were complimentary regarding the choice and quality of the meals provided. One patient reported that if they didn't like the planned menu the Chef would make them something else.

The Manager confirmed that patients had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home. Records of recently completed reviews confirmed that changes to the patients' condition were discussed and the opinion of relatives sought on their level of satisfaction with care delivery.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided comfortable, homely surroundings for the patients. The majority of patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were suitably clean and fresh smelling.

The standard of the décor in identified areas of the first floor was discussed with the RI who advised that a refurbishment plan, which included these areas, was in place. Progress with refurbishment will be reviewed at the next inspection. The carpet on one stairwell was heavily stained; confirmation was received following the inspection that this carpet had been replaced.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had recently been completed and a range of fire checks were carried out daily and weekly.

On arrival to the home we were met by a member of staff who recorded our temperature and ensured that a health declaration was completed. Hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19. Staff were knowledgeable of the testing requirements for visitors to the home.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection.

Patients participated in the regional monthly Covid-19 testing and staff and care partners continued to be tested weekly. Lateral flow tests were completed as required for anyone visiting.

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff introduced us to patients using their preferred name and responded to requests for assistance in a quiet, calm manner. Each patient had their own routine and staff demonstrated a sound understanding of patients' behaviours and choices.

Patients were of the opinion that they were well supported by staff and were able to make choices about their day to day life in the home and that these choices were respected by staff. These choices included times for getting up and going to bed, where they chose to have their meal, food and drink options, taking part in activities and where and how they wished to spend their time.

The staff member employed to plan and deliver activities was enthusiastic about her role and the benefits and enjoyment the daily activities provided to the patients. Patients knew the activity leader by name and were familiar with the events planned. Activities were delivered in both small group settings and on a one to one basis. The programme of activities was planned around the interests of the patients and included music, crafts, reminiscence and support with religious beliefs. Patients were involved with making and displaying Christmas decorations on the morning of the inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager is supported by the Deputy Manager. Management support is also provided by the RI who was available throughout the inspection and was knowledgeable of the day to day running of the home.

Patients were familiar with the Manager and many of them referred to him by name. It was obvious from their interactions with the patients that they were familiar with him.

Staff commented positively about the Manager and described them as supportive, approachable and knowledgeable of the daily life and preferences of the patients.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager completed regular audits of the environment, infection prevention and control (IPC) practices and care records.

There was a system in place to manage complaints and to record any compliments received about the home. All complaints received, alongside the action taken, must be recorded in the home; this was identified as an area for improvement.

The Operational Support Manager undertook an unannounced visit each month, on behalf of the RI, 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Discussion with patients, one relative and staff, observations of care and a review of records evidenced that care in Culmore Manor was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager.

Patients were well presented and were relaxed in the company of staff. Patients were complimentary regarding staff, their attitude and that they were available and willing to assist.

Observation of practice confirmed that staff engaged with patients on an individual and group basis. The programme of activities was planned around the interests of the patients and provided them with positive outcomes.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Care records were individualised, detailed and maintained to a good standard.

As a result of this inspection three areas for improvement were identified with recruitment, the checking of staff registration with their professional body and the recording of complaints. Compliance with these areas will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Chris Walsh, RI and Ryan O'Donnell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21(1)(b) **Stated:** First time **To be completed by:** With immediate effect	The Registered Person must ensure that staff registration with their professional body and a record of the date police checks are received are included in the recruitment processes. Ref: 5.2.1 **Response by registered person detailing the actions taken:** A robust system is now in place to ensure that all checks are completed during the recruitment process. A check sheet is placed at the front of each file to ensure completion.
Area for improvement 2 **Ref:** Regulation 19(2) Schedule 4, 11 **Stated:** First time **To be completed by:** With immediate effect	The Registered Person must ensure that all complaints received, alongside the action taken, are recorded in the home. Ref:5.2.5 **Response by registered person detailing the actions taken**: Any expression of disatisfaction is recorded and followed up by the management team. Complaints then inform staff learning and improvement where necessary.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 39.8 **Stated:** First time **To be completed by:** With immediate effect	The Registered Person shall ensure that the system in place to regularly check that staff are registered with their professional body includes all staff. Ref: 5.2.1 **Response by registered person detailing the actions taken:** The current staff list is checked by the Home Administrator each month to ensure that all contracted and bank staff are checked in respect of their registration status. This registration check is then examined and signed off by the Home Manager. Any noted ommissions in registration status are recorded as an action and staff are formally advised in writing of any actions required by them to register or re-register.

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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