Unannounced Care Inspection Report
6 April 2016

Edenvale Care Home

7 Edenmore Road, Limavady, BT49 0RF
Tel No: 02877722055
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Edenvale Care Home took place on 6 April 2016 from 11:00 to 16:00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

The home was found to be warm, generally well decorated, fresh smelling and clean throughout.

There were no requirements or recommendations made.

Is care effective?

Care records reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients' representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

The feedback received from patients was very complimentary regarding the care they received and life in the home. Relatives were also complimentary of the quality of care and services provided.

There were no requirements or recommendations made

Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the acting manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. However, some weaknesses were identified with regard to the management of the audits of infection prevention and control.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

One recommendation has been made.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**1**

Details of the QIP within this report were discussed with Joanne Agnelli, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection on 19 November 2015.

Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organisation/registered person: Four Seasons Health Care	**Registered manager:** Carol Craig
Person in charge of the home at the time of inspection: Joanne Agnelli	**Date manager registered:** 14 August 2009
Categories of care: NH-LD, NH-MP, NH-MP(E), NH-PH, NH-TI, NH-DE, NH-I, NH-PH(E)	**Number of registered places:** 55

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)

During the inspection, care delivery/ care practices were observed and a review of the general environment was undertaken. We met with twenty patients individually and with the majority of others in small groups. Three registered nurses, six care staff, one ancillary staff and four patient's representatives were also consulted.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staff duty rotas from 7 March to 3 April 2016
- one recruitment file
- a sample of staff training records
- a sample of accident and incident records
- three patient care records
- a sample of minutes of staff meetings
- a sample of minute of relatives meeting
- complaints record from April 2015 to April 2016
- compliments records
- a sample of audits
- monthly quality monitoring reports for February & March 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 November 2015. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 18 September 2015.

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 36.2 **Stated:** First time	It is recommended that when the updated Palliative and end of life care manual is issued by Four Seasons Health Care staff receive an induction/ training on the content to ensure their knowledge and care delivery is reflective of best practice in palliative and end of life care.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed in the returned QIP that the updated palliative and end of life care manual was in place and that supervision was carried out with all relevant staff to ensure their knowledge and care delivery is reflective of best practice in this area. This was validated through discussion with three registered nurses and six care staff.	

4.3 Is care safe?

The acting 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 the weeks commencing 7, 14, 21 and 28 March 2016 evidenced that the planned staffing levels were adhered to. However, there were some occasions that planned staffing levels were not met due to unexpected staff sickness. The acting manager and staff advised that every effort was taken to cover the hours however; it can be difficult to get cover at short notice. Agency staff had been employed on a regular basis and was block booked to ensure continuity of care.

Discussion with the majority of staff confirmed that staffing levels met the assessed needs of the patients. Three registered nurses stated that they really enjoyed their work and that the standard of care in the home was high. They expressed some concerns, however at being able to sustain working additional shifts over a prolonged period of time to cover vacancies.

This was discussed with the acting manager who confirmed that Four Seasons Health Care were recruiting nurses and it was anticipated that some of these staff would be employed in Edenvale. This information was shared with nurses at a staff meeting on the day of the inspection. The acting manager agreed to keep staffing levels under review and to keep staff updated as to the ongoing recruitment timescales.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. No concerns were raised by patients and /or patient representatives.

Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A supervision and appraisal planner was in place, with evidence of a number of supervisions and appraisals having been completed in 2016.

Review of the training matrix/ schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the acting manager and review of training records evidenced that they had a robust system in place to ensure staff completed mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the acting manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to the safeguarding of vulnerable adults.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient 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.

Discussion with the acting manager confirmed that a range of audits were conducted on a regular basis. A review of a sample of audits for falls (accidents and incidents) was undertaken and evidenced that the number, type, place and outcome of falls were analysed to identify any patterns and trends. An action plan was in place to address any deficits or interventions required. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2015.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that this had been appropriately managed.

We observed the environment, including 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 and their representatives 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 for improvement

No areas for improvement were identified during the inspection

Number of requirements	**0**	**Number of recommendations**:	**0**

4.4 Is care effective?

A sample of three patients care records was reviewed. There was evidence that detailed care plans had been generated from a comprehensive, holistic assessment for each patient.

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.

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

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.

Discussion with staff and the acting manager confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained. A staff meeting which had previously been scheduled was held in the home on the afternoon of the inspection.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/ or the registered manager and that they were dealt with appropriately.

Discussion with the acting manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis.

The last meeting was held on 8 November 2015 and minutes were available. A more recent meeting scheduled for March 2016 had been rescheduled due to unforeseen circumstances.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives were also aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

A sample of infection prevention and control audits were also reviewed. However, whilst actions had been identified, the audits failed to illustrate that the required actions had been followed through. A recommendation has been made under section 4.6 below.

Areas for improvement

One area of improvement has been identified with regard to the management of audits. A recommendation has been made under section 4.6.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the lunch time 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 were observed to offer patients reassurance and assistance appropriately.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with commented positively in regards to the care they received and life in the home. Those 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.

Discussion with the acting manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff, relatives and patients and a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

Twenty patients, ten staff and four patient representatives were consulted on the day of the inspection. Questionnaires were also issued following the inspection to a selected sample of staff (six) and patient representatives (six). At the time of writing this report, questionnaires have been returned from one staff and one patient representative.

Responses received from patients, their representatives and staff would indicate a high level of satisfaction with this service.

A number of patients were unable to express their views verbally due to physical frailty. All patients however, appeared well presented and comfortable in their surroundings.

Some patients' comments received are detailed below:

- "this is a great place, I am happy here"
- "the staff are all very good and kind"
- "I can't think of anything for improvement"

Some comments received from relatives are detailed below:

- ‘‘we are always made to feel welcome when we visit"
- "the home is clean and fresh smelling"
- "I feel I could talk to staff if something was wrong"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA and the homes certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with the acting manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by Four Seasons Health Care. There was a system in place to ensure staff had been made aware of any changes to policies and procedures.

Discussion with the acting manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Systems were in place to monitor and report on the quality of nursing and other services provided. While audits had been completed, there was a lack of evidence that follow up action had been taken with regard to infection prevention and control audits (see section 4.4). A recommendation has been made.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

Discussion with the acting manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A discussion with the registered manager and a review of records confirmed there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

One recommendation has been made in respect of the management of audit findings.

Number of requirements	**0**	**Number of recommendations**:	**1**

5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joanne Agnelli, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 your premises.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to team email address and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations

Recommendation 1 **Ref**: Standard 35.6 **Stated:** First time **To be completed by:** 31 May 2016	The registered person should ensure that audits completed provide evidence of the follow up actions taken and that the findings of audits have been shared with staff and improvements embedded into practice. **Ref: Section 4.4**
	Response by registered person detailing the actions taken: Audits that have been carried out are reviewed and a robust action plan is put in place to rectify any deficit .Staff are made aware of the findings on a regular basis via staff meetings or supervision . The completion of the actions will be reviewed and signed off by the home manager when complete.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address*

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