

Unannounced Care Inspection Report 15 June 2017



Edenvale Care Home

Type of Service: Nursing Home

Address: 1-7 Edenmore Road, Limavady, BT49 0RF

Tel No: 02877722055

Inspector: Loretto Fegan

www.rgia.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 55 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Maureen Claire Royston	Registered Manager: Carol Craig
Person in charge at the time of inspection: Carol Craig	Date manager registered: 14 August 2009
Categories of care: Nursing Home (NH) LD – Learning disability MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment TI – Terminally ill DE – Dementia I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 55 comprising: NH-I PH(E) A maximum of 1 - NH-LD A maximum of 2 - NH-MP A maximum of 2 - NH-MP(E) A maximum of 4 - NH-PH A maximum of 6 - NH-TI A maximum of 21 - NH-DE

4.0 Inspection summary

An unannounced inspection took place on 15 June 2017 from 08.50 to 14.55 hours.

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 the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the home providing safe, effective, compassionate and well led care. In particular, there was a range of opportunities for staff to further develop their knowledge and skills. The home was also recognised by Four Seasons Healthcare through the award of the “Dementia Care Framework” for their commitment to dementia care.

There were no areas requiring improvement identified.

Patients and a relative stated that they were happy with the care in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent inspection dated 20 October 2016

No further actions were required to be taken following the most recent medicine management inspection on 20 October 2016.

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
- 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.

During the inspection, the inspector met with 12 patients, five staff and one patient representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution. Care practices were observed and a review of the home's environment was undertaken as part of the inspection process.

The following records were examined during the inspection:

- duty rotas for nursing and care staff from 5 June 2017 to 18 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- patient care charts including records relating to repositioning schedules
- staff supervision and appraisal planners

- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

An area for improvement identified at the last care inspection on 6 April 2016 was reviewed and assessment of compliance recorded as 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 20 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 6 April 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The sample of audit records examined and discussion with the registered manager and staff provided evidence that follow up actions were taken and that the findings of audits were shared with staff and improvements embedded into practice.	

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 rota for weeks commencing 5 June and 12 June 2017 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas, it was confirmed that administrative, maintenance, catering, domestic and laundry staff were employed in sufficient numbers for the efficient running of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, a representative and staff evidenced that there were no concerns regarding staffing levels.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. The record examined evidenced that an enhanced Access NI check was sought, received and reviewed prior to the staff member commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the registered manager and a review of the training matrix confirmed that staff had completed their mandatory training for the current year. There was evidence of staff undertaking additional training to support them in the care of patients. The registered manager advised that in addition to having two dementia champions, all staff had completed training in relation to caring for patients with dementia and that the home were awarded the Dementia Care Framework by Four Seasons Healthcare for their commitment to dementia care. All staff spoken with during the inspection were satisfied with the training provided to fulfil their duties. The registered manager advised that Four Seasons Healthcare provides opportunity for care assistants to become Care Home Assistant Practitioners on successful completion of further training and development. A member of the care staff in Edenvale Care Home was recently selected to commence this development opportunity.

Discussion with the registered manager, staff on duty and a review of the records confirmed that there were systems in place to ensure that all staff received appraisal and supervision. The registered manager also advised that the home had an 'open door' policy for staff to discuss care practices and other issues when required. There was evidence that competency and capability assessments were undertaken for registered nurses in charge of the home in the absence of the registered manager and that these were in the process of being reviewed.

Discussion with the registered 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 registered manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and RQIA were notified appropriately.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm, well decorated, fresh smelling and clean. The registered manager has confirmed with RQIA on 21 June 2017 that a malodour identified in one bedroom on the day of inspection has been addressed. Supplies of appropriate personal protective equipment were available in relation to the prevention and control of infection. There was evidence of ongoing re-decorating and refurbishment of the home. Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment. There was a range of opportunities for staff to further develop their knowledge and skills.

Areas for improvement

There are no areas for improvement identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of risk assessments were completed as part of the admission process. Risk assessments were reviewed in accordance with best practice and informed the care planning process. The three care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with best practice. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as the dietician, tissue viability nurse and speech and language therapist. There was evidence that the care planning process included input from patients where possible and/or their representatives. There was evidence of regular communication with representatives within the care records. Supplementary care charts such as repositioning records were maintained in accordance with best practice guidance.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Discussion with staff confirmed 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 the registered manager and staff confirmed that staff meetings were held on a quarterly basis and minutes were maintained. There was evidence that the most recent staff meetings took place on 16 & 17 May 2017. 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 the registered manager.

The registered manager advised that an "open door" policy in relation to communication with patients and relatives is in operation. In addition, the home seeks the views of patients and relatives through an electronic survey "Quality of Life" (QOL). The registered manager advised that the findings of QOL were reviewed weekly and if required an action plan was developed. It was confirmed that patient engagement is also facilitated on an individual basis through the care planning process which includes activities led by the Personal Assistant Leader. The registered manager confirmed that relatives' meetings are organised on a quarterly basis. Minutes were retained in relation to these meetings and the registered manager agreed to redact personal details contained in these records in accordance with best practice. RQIA has received confirmation from the registered manager on 21 June 2017 that this has been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, relatives, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

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 were observed offering patients support and assistance with lunch and whilst mobilising. A request for assistance by one patient to go to the toilet was dealt with promptly. Staffs' interactions with patients were observed to be compassionate, caring and respectful. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients spoken with were complimentary regarding the care they received and life in the home. It was confirmed by the registered manager, staff and patients that there were opportunities for patients to maintain friendships and socialise within the home such as at a recent barbecue. Staff advised about the range of activities available to enhance participation in activities for patients with dementia which included sensory equipment. 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 registered manager confirmed that there were systems in place to obtain the views of patients, their representatives, visiting professionals and staff on the running of the home. The registered manager confirmed that any suggestions for improvement are considered and used to improve the quality of care delivered.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. As no responses were received by RQIA within the specified timeframe, any comments from patients, patient representatives and staff in returned questionnaires subsequently received will be shared with the registered manager for their information and action as required.

During the inspection, staff indicated high levels of satisfaction with the care provided and with communication and leadership within the home. They were also positive about the training and support mechanisms in place to do their job. Staffs' comments included:

“great communication”

“great team”

“all get our say” (at staff meetings)

“great training”

“registered manager very approachable”

“induction going well, all my co-workers are very supportive”.

Discussions were held with 12 patients. Patients spoken with were positive regarding the care they were receiving. Patients' comments included:

“food is good, I am happy here and treated with kindness”

“staff are kind”

“lunch is tasty”.

During the inspection, discussion took place with one patient representative. They were satisfied with the care provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activities, dignity and privacy, listening to and valuing patients and their representatives and taking account of their views.

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 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 and confirmed that they had access to the home's policies and procedures. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager confirmed that the home was operating within its registered categories of care.

Discussion with the registered 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. Discussion with the registered 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.

There was evidence of the home having systems and processes in place to monitor the delivery of care and services. This included the completion of monthly monitoring visits in accordance with the regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 with an action plan generated to address any areas for improvement. There was evidence of audits conducted in relation to accidents, care records, infection prevention and control, wound management, medicines and the environment. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified.

Discussion with the registered manager and staff confirmed that 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 of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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