Unannounced Care Inspection Report
12 December 2017

Edenvale

Type of Service: Nursing Home (NH)
Address: 1-7 Edenmore Road, Limavady, BT49 0RF
Tel No: 028 77722055
Inspector: Michael Lavelle

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 **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** See box below
Person in charge at the time of inspection: John Coyle (Acting Manager)	**Date manager registered:** John Coyle - Acting – no application required
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 of: 21 - NH-DE 2 - NH-MP 2 - NH-MP(E) 4 - NH-PH 1 - NH-LD 6 - NH-TI.

4.0 Inspection summary

An unannounced inspection took place on 12 December 2017 from 09.00 to 17.00 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.

Mr John Coyle is a resident experience support manager within the Four Seasons Healthcare organisation. He is currently the acting manager for Edenvale and will hold this position until a new manager is recruited and inducted.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to care records, training, communication, governance arrangements, valuing patients and their representatives and maintaining good working relationships.

There were no areas requiring improvement identified during this inspection.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	0	0

Details of the Quality Improvement Plan (QIP) were discussed with John Coyle, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

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 seven patients, six staff, one visiting professional and four patients' visitors/representatives.

Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 4 December 2017 to 17 December 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
- two staff recruitment and induction files
- four patient care records

- a selection of patient care charts including food and fluid intake charts and reposition charts
- 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.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 15 June 2017

There were no areas for improvement identified as a result of the last care inspection.

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 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 from 4 December 2017 to 17 December 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. In addition observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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. Two staff personnel files were reviewed. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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.

Staff spoken with commented how they enjoyed supporting new staff during the induction process. Review of records evidenced a robust system in place to record staff supervision and appraisals and competency and capability assessment.

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 manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff spoken to clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the 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 manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the 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 the home's policies and procedures. RQIA were notified appropriately.

Review of four 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.

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. Care plans reviewed evidenced that post falls care was well managed with neurological observations being recorded appropriately and post fall risk assessments completed in a timely manner.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA sine 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, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and mostly clean throughout. Dust and debris was identified on one patient's bed and the manager agreed to action immediately. Patients, staff and the majority of patient representatives spoken with were complimentary in respect of the home's environment. However one of the four patient representatives spoken with raised concerns in respect of the home environment. This was discussed with the manager who agreed to address these issues identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were generally adhered to with some minor issues identified during inspection. For example, one domestic staff member was observed wearing no personal protective equipment (PPE) while changing a clinical waste bag. Care assistants were also observed transferring patients meals uncovered to their preferred dining area. This was discussed with the manager who agreed to address these issues.

A refurbishment programme is ongoing. Urgent action was required in relation to replacing the radiator cover in an upstairs shower room. This was discussed with the manager who confirmed the cover was ordered and would be replaced once received. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 four 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.

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.

Supplementary care charts including repositioning and food and fluid intake charts evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with DHSSPS Care Standards for Nursing Homes 2015 and 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. The patient register was also checked and was reflective of the current occupancy in Edenvale.

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.

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.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Team (SALT), dietician and Tissue Viability Nurse (TVN). Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the manager confirmed that staff meetings were held on at least a quarterly basis and records were maintained. Staff confirmed that staff meeting were held every few months and that the minutes were made available. Review of records evidenced that since September 2017 staff meetings have been held with domestics, registered nursing staff, the health and safety committee and a full staff meeting had also taken place.

Most of the staff spoken to stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Two staff members spoken to stated that there could be "better teamwork" from some of the team. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the home manager.

All grades of staff consulted, clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the manager and review of records evidenced that patient and/or relatives meetings were held on regular basis. Minutes were available for the last meeting in September 2017 and a further meeting is planned.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. 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 manager confirmed there was a patient activities leader (PAL) in the home responsible for the provision of activities in the home. Notice boards within the home evidenced some planned seasonal activities. The home itself was attractively decorated with seasonal decorations including a nativity scene and a Christmas tree.

The serving of the midday meal was observed. Tables were attractively set with cutlery and napkins. A range of condiments and drinks were readily available. The menu had a number of choices and included soup as a starter, a selection of two main courses and dessert. Alternative meals were provided to patients who did not wish to have the planned meal. The meals were nicely presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Most hot meals were covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by staff involved with the serving or assisting patients with the meal. As previously discussed in section 6.4, care assistants were also observed transferring patients meals uncovered to their preferred dining area. This was discussed with the manager who agreed to review this with the 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.

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

Six staff members and one visiting professional were consulted to determine their views on the quality of care within Edenvale. A poster was given to the manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some staff comments were as follows:

"We get plenty of training to do our job."
"I had a good induction."
"The care here is very good. The staff are very good at reporting things to me."

Seven patients consulted were very complimentary and some commented as follows:

"I like it here because everyone is friendly."
"You couldn't get better staff."
"I would go for a pint if I was offered."
"I am treated with dignity and respect."
"I don't think they would take my suggestions on board."
"I wouldn't change anything about the place."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Four relatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Four of the relative questionnaires were returned within the timeframe for inclusion in the report. These were all very complementary of the quality of care within Edenvale.

Some patient representative comments were as follows:

"I am happy with the care, my relative feels settled."
"It's a great place. We are very much involved in the care planning."
"We can go home at night and have peace of mind that mum is looked after."
"The home is nice, clean and warm and the staff are very friendly."
"The staff are friendly and attentive but are rushed off their feet."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

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

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 manager and staff evidenced that there was a clear organisational structure within the home. Staffs 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.

The manager has been in post since October 2017 although a new manager has been appointed and is due commence in April 2018.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. There was a selection of patient and relative's information leaflets available at the reception of the home ranging from infection prevention and control, flu and the dementia care framework.

Discussion with the manager and review of records evidenced that the home was operating within its registered categories of care. Policies and procedures were indexed, dated and approved by the registered provider. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the 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.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the manager was. Staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the 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.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with 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, 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.

The Regulation and Quality Improvement Authority

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