



# Unannounced Care Inspection Report 10 September 2020



## Harold McCauley House

Type of Service: Nursing Home (NH)  
Address: 7 Camowen Terrace, Omagh, BT79 0AX  
Tel No: 028 8225 2550  
Inspector: John McAuley

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide care for up to 32 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness</p> <p><b>Responsible Individual(s):</b> Lindsay Conway</p>	<p><b>Registered Manager and date registered:</b> Michelle Murray - acting</p>
<p><b>Person in charge at the time of inspection:</b> Michelle Murray</p>	<p><b>Number of registered places:</b> 32</p> <p>A maximum of 7 patients in category NH-DE and a maximum of 2 patients in category NH-PH/PH(E). Category NH-LD for 1 identified patient only.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. disability or dementia – over 65 years. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30</p>

### 4.0 Inspection summary

An unannounced inspection took place on 10 September 2020 from 09.30 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Fire safety
- Staff training
- Governance and management

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
<b>Total number of areas for improvement</b>	0	1

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed with Michelle Murray, 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 21 patients and eight staff. The inspector provided 'Have we missed you cards' in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses from these questionnaires were received in time for inclusion to this report.

The following records were examined during the inspection: duty rota, staff competency and capability assessments, staff meeting records, IPC information and audits, fire safety risk assessment and audits, care records, staffing training records, Statement of Purpose, monitoring visit reports, accidents and incident reports and quality assurance audits.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as me.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 2 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Second time	The registered person shall ensure that care records are reviewed and evaluated regularly in accordance with regulations. All patients must have up to date and individualised care plans in place to direct staff in the delivery of care. Nursing entries should be meaningful and patient centred.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of a sample of care records, together with care audits and care records audits confirmed that this has been put in place.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staffing levels are in keeping with the needs and numbers of patients.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure activities are recognised as an integral part of the care process with care plans developed and reviewed by registered nurses as required. Daily progress notes should reflect on patient's activity provision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of care records and progress records confirmed this has been put in place.	

## 6.2 Inspection findings

### 6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. A sample inspection of one of these assessments found this to be appropriately in place.

Staff spoke positively about their roles and duties, staffing, managerial support, teamwork and morale. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity.

Staff meetings took place on a regular and up-to-date basis and the records of these were appropriately maintained.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members.

### 6.2.2 Safeguarding patients from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

Learning from such was also discussed with the manager, who gave good assurances from this respect.

### **6.2.3 Environment**

The home was clean and tidy throughout with a good standard of décor and furnishings. Patients' bedrooms were comfortable and tastefully furnished. Communal areas were spacious, comfortable, bright and nicely furnished. Bathrooms and toilets were clean and hygienic.

The grounds of the home were very well maintained.

### **6.2.4 Infection prevention and control**

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

### **6.2.5 Fire safety**

The home's most recent fire safety risk assessment was dated 18 August 2020. The one recommendation from this assessment had corresponding evidence in place of the actions taken.

Fire safety checks on the environment were maintained on a regular and up-to-date basis, as was fire safety drills. Fire safety training for staff was not up-to-date. Previous up-dates of training had to be postponed due to the COVID-19 pandemic. However there were two dates scheduled over the next few weeks to rectify this.

### **6.2.6 Care practices**

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and any expression of assistance were promptly responded to by staff.

Patients were cared for in one of the two communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Feedback from patients in accordance with their capabilities was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- “The staff are wonderful here, every one of them. The place is so very clean. The food couldn’t be better....The home helps me skype my family which I was very grateful for.”
- “Good food, good care, good attention, day and night. How could you complain?”
- “I am very happy here. No complaints.”
- “It’s very good here and so too are the staff. They are lovely and kind.”
- “I love it here. The staff are wonderful and kind.”

Those patients who were unable to articulate their views, confirmed via non-verbal cues and body language that they were happy with the home and their relationship with staff.

Patients were relaxed and enjoyed pastimes of choice such as company of staff or one another, television, reading or relaxing. A planned programme of activities was facilitated in the afternoon for patients to participate in if they wished.

### **6.2.7 Dining experience**

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in a kind, caring manner with patients’ individual needs being catered for. The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Patients were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed.

Patients commented positively throughout this inspection on the provision of meals, both in terms of quality and choice.

### **6.2.8 Care records**

An inspection of a sample of three patients’ care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment, care plans and risk assessments, such as, safe moving and handling, nutrition, falls, and wound care were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need.

The care records also reflected the multi-professional input into the patients’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual patients.

The records inspected had evidence of patient/representative consultation in the care planning and review process, by signatures of participation.

### 6.2.9 Staff training

A matrix of mandatory training for staff is maintained. This detailed when a staff member had received their mandatory training and when an update was due. This record was maintained in a clear methodical manner. Due to the COVID-19 pandemic there were three areas of training in fire safety, moving and handling and first aid that needed to be up-dated with staff. This has been identified as an area of improvement. However at the same time good assurances were received from the manager that she was aware of these deficits and had plans in place to address these, particularly with dates set for fire safety training.

### 6.2.9 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose.

The two most recent monthly monitoring reports (1 July 2020 and 14 August 2020) on the behalf of the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

An inspection of accident and incident reports from 1 March 2020 was undertaken. These events were found to be managed and reported appropriately. Good evidence was found to be in place in respect of post falls management and follow up care, including referrals to the appropriate healthcare professional(s).

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene, the environment and IPC. These were completed regularly and any areas for improvement were identified and addressed.

#### Areas of good practice

Areas of good practice were found in relation to feedback from patients and staff, the nice relaxing atmosphere and ambience of the home, its upkeep in terms of the environment and falls management.

#### Areas for improvement

One area of improvement was identified during the inspection. This was in relation to addressing the deficits in mandatory training matrix.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.3 Conclusion

There was a nice atmosphere and ambience in the home with patients seen to be well cared for in a kind supportive manner. Staff attended to patients' needs in an organised unhurried manner with good team working observed between one another.

Good assurances were received from the manager to confirm that the one area of improvement identified would be duly and promptly acted upon.

## 7.0 Quality improvement plan

The one areas of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Michelle Murray, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39(9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2020</p>	<p>The registered person shall address the deficits in the mandatory training matrix, particularly in relation to updates in fire safety, moving and handling and first aid training.</p> <p>Ref: 6.2.9</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have now completed their mandatory fire training, and dates have been arranged for moving &amp; handling and first aid. Acting Home Manager and 2 nurses have completed their first aid at work course. Acting Home Manager and Senior Nurse are currently completing their Train the Trainor Course to allow them to deliver training. Training matrix has been updated to reflect the training that has been completed recently.</p>

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



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