Unannounced Care Inspection Report
16 January 2017

Harold McCauley House

Type of Service: Nursing Home
Address: 7 Camowen Terrace, Omagh, BT79 0AX
Tel no: 028 8225 2550
Inspectors: Bridget Dougan
James Laverty

1.0 Summary

An unannounced inspection of Harold McCauley House took place on 16 January 2017 from 10.30 to 16.00 hours.

The inspection sought to assess progress with 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.

The focus of the inspection was meals and mealtimes.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. A nutrition policy was in place and nutritional guidelines were available and used by staff on a daily basis.

In addition to mandatory training, there was evidence that training had been provided for all relevant staff in relation to nutritional awareness, the management of swallowing difficulties and food hygiene.

The home was found to be warm, well decorated, fresh smelling and clean throughout. One recommendation has been made to ensure sluice room doors are kept locked when not in use.

Is care effective?

Care records generally reflected the assessed needs of patients; were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals. A malnutrition universal screening tool (MUST) assessment had not been completed for one patient since their admission to the home. However, there was evidence of consultation with the dietician and a treatment plan was in place. One recommendation has been made in respect of nutritional screening.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid choices and the level of help and support requested. A choice was also available for those on therapeutic diets.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. Patients spoken with were complimentary regarding the care they received and life in the home.

There were no requirements or recommendations made.

Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. Complaints, incidents and accidents were managed in accordance with legislation.

Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There were no requirements or recommendations made.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Caroline Elizabeth Crawford, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 June 2016. There were no requirements of recommendations made as a result of this inspection. Enforcement action did not result from the findings of this inspection.

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.

2.0 Service details

Registered organisation/registered person: Presbyterian Council of Social Witness/Mrs Linda May Wray	**Registered manager:** Mrs Caroline Elizabeth Crawford
Person in charge of the home at the time of inspection: Mrs Caroline Elizabeth Crawford	**Date manager registered:** 01 April 2005
Categories of care: NH-PH, NH-PH(E), NH-I, NH-DE, NH-LD 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	**Number of registered places:** 32

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection we met with 25 patients two registered nurses, six care staff, one activities co-ordinator, one catering and one domestic staff. Three relatives, one visiting professional and the chairman of the local patient support committee were also consulted during the inspection.

Six patients, ten staff, and six relatives' questionnaires were left for distribution. Six patients, ten staff and five relatives completed and returned questionnaires within the allocated timeframe.

The following information was examined during the inspection:

- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records

- policy on meals and mealtimes

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements of recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 June 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

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 rotas for the weeks commencing 02, 09 and 16 January 2017 evidenced that the planned staffing levels were adhered to.

Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

Review of staff training records evidenced that all staff had completed mandatory training to date. Additional training in nutritional awareness, the management of patients with swallowing difficulties and food hygiene training had been provided for all relevant staff in 2016. Enteral feeding training had been provided for registered nurses in 2015 and the registered manager advised that an update had been planned for February 2017. Staff consulted with and observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice.

Policies on nutrition, meals and mealtimes were in place and had been reviewed in 2016. A system was in place to ensure all relevant staff had read and understood the policies.

Up to date nutritional guidelines were available and used by staff on a daily basis.

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 clean throughout.

We observed a hoist sling stored in one bathroom. This equipment should be provided for single person use to assist with infection prevention and control. This was discussed with the registered manager who immediately addressed the issue and assured us that all hoist slings in the home were for single person use only.

The keypad locks on three sluice room doors had been disengaged and the doors were unlocked. We observed that no cleaning products were stored in any of the sluice rooms. Cleaning products had been stored in a locked room adjacent to the sluice rooms. A recommendation has been made for sluice room doors to be kept locked when not in use.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

One recommendation has been made in respect of health and safety

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

4.4 Is care effective?

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. However, a malnutrition universal screening tool (MUST) assessment had not been completed for one patient since their admission a number of months previously. This assessment is used to identify adults who are malnourished or at risk of malnutrition. It also includes management guidelines which can be used to develop a care plan. The patient had been assessed by a dietician prior to admission to the home and a treatment plan was in place upon admission. There was evidence of staff consultation with the dietician following the patient's admission and a nutritional care plan was in place. A recommendation has been made for nutritional screening to be carried out for all patients on admission, using a validated assessment tool and repeated monthly, or more frequently depending on individual assessed need.

There was evidence that, in general, care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. Risk assessments informed the care planning process.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

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.

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.

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

Areas for improvement

One recommendation has been made in respect of nutritional screening.

Number of requirements	0	Number of recommendations	1

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. 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.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices and the level of help and support requested. The daily menu was displayed in the dining room and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Meals were plated individually by the cook thus allowing patients further flexibility in choosing their meals. Pork casserole or roast lamb with creamed potatoes and vegetables was served for main course, with cake and custard or ice cream for dessert. Alternatives were available for those patients who did not like either option. Modified meals were served with food elements portioned separately. All the meals looked and smelt attractive and appealing and patients appeared to enjoy their lunch.

Some patients were observed to be using specialist equipment such as plate guards to enable them to maintain their independence for as long as possible. Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner.

The dining room experience was calm and relaxed and patients were allowed to take their meals where they felt comfortable. The majority of patients came to the dining room for their meals; however, some patients were served their meals in their bedrooms. This was because they were either too ill to come to the dining room or they had chosen to eat their meals in their rooms.

Menus were rotated over a four week cycle and reviewed every season. There was evidence of patients input to the design of menus. The minutes of the review of the autumn/winter menu evidenced patients' suggestions for meal choices and a plan of action for suggested changes to the menu.

Patients spoken with were complimentary regarding 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.

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

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Six patients, ten staff and five relatives completed and returned questionnaires within the allocated timeframe. Some comments are detailed below:

Staff

- "Staff all work well as part of a team"
- "this is a great place to work"
- "we get plenty of training and it's all up to date"
- "its first class, the way the home is run"

Patients

- "we are very well looked after here"
- "I am very happy here"
- "staff are wonderful"
- "The food is very good, I have no complaints"
- "I just go with the flow and whatever happens, happens. I am very happy with this"
- "home from home. Best I have ever been in"
- "I am happy that I can get choices with food and what I want to wear every day"

Relatives

- "the staff in McCauley House certainly deserve great praise for the work they do"
- "Harold McCauley House is a very welcoming home in all aspects. Visiting is easy as all staff are friendly and helpful. Staff cater for all eventualities"
- "the manager is very approachable and carries out her duties very efficiently and quietly"
- "The food is terrific. If they want an alternative, it's always provided"

One visiting professional (dietician) and the chairman of the local patient support committee were also consulted during the inspection. Some comments are detailed below:

"this is an excellent home. The cook is superb. I provided the nutritional training last year and I plan to provide further training in the coming months. Any referrals received from this home are all relevant". (Dietician).

"Harold McCauley House is a very well run home.

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 registered 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 staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home. Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints records and discussion with the registered manager 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 spoken with confirmed that they were aware of the home's complaints procedure.

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 that a range of audits had been completed on a monthly basis, including care records, medication management, meals and meal times. Action plans were in place to address any deficits.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs. Caroline Elizabeth Crawford, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements - None

Recommendations	
Recommendation 1 **Ref**: Standard 47.3 **Stated:** First time **To be completed by:** 17 January 2017	The registered manager should ensure that sluice room doors are kept locked when not in use. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: All sluice rooms are kept locked by keypad when not in use.
Recommendation 2 **Ref**: Standard 12.3 **Stated:** First time **To be completed by:** 31 January 2017	The registered manager should ensure that nutritional screening is carried out for all patients on admission, using a validated assessment tool and repeated monthly, or more frequently depending on individual assessed need. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Nutritional screening will be carried out for all patients on admission using the validated assessment tool and repeated monthly, or more frequently delending on individual assessed need.

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