Unannounced Care Inspection Report
23 July 2018

Harold McCauley House

Type of Service: Nursing Home (NH)
Address: 7 Camowen Terrace, Omagh, BT79 0AX
Tel No: 02882252550
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 32 persons.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness **Responsible Individual:** Linda May Wray	**Registered Manager:** Caroline Elizabeth Crawford
Person in charge at the time of inspection: Caroline Crawford, registered manager	**Date manager registered:** 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of registered places:** 32 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.

4.0 Inspection summary

An unannounced inspection took place on 23 July 2018 from 15.15 hours to 22.00 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.

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 staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to notification of accidents and incidents, infection prevention and control practices and limiting access to medications.

Areas for improvement under the care standards were identified in relation to monitoring of fluid intake.

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.

There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Caroline 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.

4.2 Action/enforcement taken following the most recent inspection dated 25 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 April 2018. There were no further actions required to be taken following the most recent 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 15 patients, four staff and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 weeks beginning 16 July 2018 and 23 July 2018
- 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
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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 25 April 2018

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 26 September 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 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 from weeks beginning 16 July 2018 and 23 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Harold McCauley House. We also sought the opinion of patients on staffing via questionnaires, although none of these were returned within the timeframe to be included in this report.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and while the majority of notifications had been submitted in accordance with regulation, it was noted that there had been one occasion where a patient had sustained a head injury and RQIA did not receive an appropriate notification. This was discussed with the registered manager who agreed to submit the notification retrospectively. An area for improvement under regulation was made.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. One fire door in the laundry area of the home was observed to be wedged open with a wooden wedge. This was brought to the attention of the registered manager who arranged for the immediate disposal of the wooden wedge. This practice was discussed with the registered manager and is required to be addressed without delay to ensure the safety and wellbeing of patients in the home. The registered manager agreed to have supervision with all staff in relation to fire safety to ensure fire doors are not wedged open. This will be reviewed at a future care inspection.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- inconsistent approach to effective use of personal protective equipment (PPE) and hand hygiene across all grades of staff
- laundered clothing being transferred in the dirty laundry baskets
- storage areas in the laundry were cluttered and inappropriate items stored there
- no waste bin stored beside hand hygiene sink in the laundry
- faecal staining and urine staining on identified raised toilet seats
- faecal staining observed on identified commode chairs
- identified commodes and shower chairs with rusted castors and/or stained underneath – these should be cleaned and/or discarded and replaced
- faecal staining noted on an identified toilet roll holder
- inappropriate storage of patient equipment in ensuites, including rollators – these should be removed and cleaned
- identified storage cupboards cluttered and items stored on the floor.

These shortfalls were discussed with the registered manager who provided us with assurances that these deficits would be addressed immediately. An area for improvement under regulation was made in order to drive improvement relating to IPC practices.

During observation of the environment concerns were raised in regards to the management of risks to patients. For example, the treatment room door was observed to be unlocked; patient medication was accessible in an unlocked cupboard. In addition, the medication trolley was left unlocked and unattended in the dining room during the evening meal. This was discussed with the registered manager and an area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons.

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

Areas of good practice

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

Areas for improvement

Three areas for improvement under regulation were identified in relation to notification of accidents and incidents, infection prevention and control practices and limiting access to medications.

	Regulations	Standards
Total number of areas for improvement	3	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 care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), chiropodist, the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Review of supplementary care charts fluid intake records evidenced that contemporaneous records were not consistently maintained. Although bowel records and reposition charts were generally well completed, records evidenced gaps in recording the total fluid intake in 24 hours. This was discussed with the registered manager and an area for improvement under the standards was made.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 or the nurse in charge.

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

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.

The registered manager advised that patient and/or relatives meetings were held on a three monthly basis. Minutes were available.

Patients and their representatives confirmed that they attended meetings/were aware of the dates of the meetings in advance. Patient 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 registered manager.

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

Discussion with staff and review of records confirmed that staff meetings were held on a three monthly basis and records maintained.

Areas of good practice

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

Areas for improvement

An area for improvement under the care standards was identified in relation to monitoring of fluid intake.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 15.15 hours and were greeted by staff who were helpful and attentive. Patients were enjoying an afternoon cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activities co-ordinator was commended for the variety of activities that included word games, quizzes, darts, movies, music, ball games and hairdresser.

However, the programme of activities was not displayed in a suitable format within the home. In addition, there was no evidence of patient engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. This was discussed with the registered manager and activities co-ordinator who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes to ensure they are adhering to best practice guidance. This will be reviewed at a future care inspection.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks.

We observed the serving of the evening meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal with one patient stating, "you get plenty of grub here." Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included,

"Sincere thanks to you all. Not only for the splendid cake on the occasion of my relatives birthday but for the first class catering both on her birthday and funeral. We thank you very much."
"We appreciate your kindness, support and hard work knowing how difficult it can be at times."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 15 patients individually, and with others in smaller groups, confirmed that living in Harold McCauley House was viewed as a positive experience. Some comments received included the following:

"It's a great home."
"They are very good to me."
"I am happy here."
"We are all very happy and content."

One patient commented negatively stating,

“Sometimes I have to wait longer than I’d like if I buzz for staff.”

This was discussed with the registered manager who agreed to speak to the patient.

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.

Ten patient questionnaires were left in the home for completion. None were returned within the expected timescale.

Ten relative questionnaires were provided; three were returned within the expected timescale. All three relatives indicated that they were very satisfied with the care provided across the four domains. Some of the comments received were as follows:

“I feel the care is on an excellent level.”
“We as a family are very happy with the care my mother receives in Harold McCauley House.”

In addition, four relatives were consulted during the inspection. Some of the comments received were as follows:

“You couldn’t say a bad thing about the place.”
“It is a great home.”
“I am very happy with the care here. I couldn’t be happier.”
“The care is first class. It’s home from home.”

Five questionnaires received did not indicate if they were completed by a patient or relative. All five respondents indicated that they were satisfied or very satisfied with the care provided across the four domains.

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered 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, 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 in this domain.

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, it did not clearly identify the nurse in charge, record the first and last name of all staff working in the home, their designation and the capacity in which they worked. This was discussed with the registered manager who agreed to review the rota and reflect the changes. This will be reviewed at a future care inspection.

Discussion with staff/patients/representatives evidenced that the registered 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 in the absence of the registered manager/manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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 a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, hand hygiene and care records. Although audits were completed, they should be in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure that necessary improvements are made. Any learning should be disseminated and embedded into practice. This was discussed with the registered manager who agreed to review the audit process for care records and wound care. This will be reviewed at a future care inspection.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Crawford, registered 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 30 (1) (d) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications identified in this report should be submitted retrospectively. Ref: 6.4 **Response by registered person detailing the actions taken:** The notifiable incident identified has been submitted to the RQIA.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in 6.4. Ref: 6.4 **Response by registered person detailing the actions taken:** The areas discussed in the report have been addressed and Infection Control training has been provided for staff.
Area for improvement 3 **Ref**: Regulation 13 (4) (a) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place. Ref: 6.4 **Response by registered person detailing the actions taken:** Staff have been notified and reminded to keep Treatment Room door and medicine cupboard/trolley locked or attended at all times.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that care records, specifically, fluid intake, should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records. Ref: 6.5 **Response by registered person detailing the actions taken:** Fluid intake charts are completed at the end of each 24hours and collated into the patients daily progress records.

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

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