



Announced Care Inspection Report 2 June 2020



Carrickfergus Manor

Type of Service: Nursing Home

**Address: 76 Dunluskin Gardens, Prince Andrew Way,
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Inspector: Julie Palmer

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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 registered nursing home which provides care for up to 47 patients.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Joanne Alderdice 17 December 2014
Person in charge at the time of inspection: Joanne Alderdice	Number of registered places: 47 There shall be a maximum of one named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 34

4.0 Inspection summary

An announced inspection took place on 2 June 2020 from 09.25 hours to 15.45 hours. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection during the ongoing outbreak of coronavirus (COVID-19) within the home.

Due to the COVID-19 pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to the COVID-19 outbreak in the home and following information received from the home, a decision was made to undertake an inspection.

The inspection focused on the following areas:

- staffing
- Personal Protective Equipment (PPE)
- infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joanne Alderdice, manager, and Elizabeth Jeffery, deputy 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
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- staff duty rota from 3 to 16 May 2020.

'Tell Us' information cards were left in the home inviting patients to contact RQIA with feedback. A poster was also displayed for staff inviting them to provide feedback to RQIA online; no responses were received.

The following records were examined as part of the inspection:

- five patients' care records
- five patients food and fluid charts
- staff duty rota from 24 May to 6 June 2020 (provided post inspection)
- the annual quality report
- a sample of governance audits
- monthly monitoring report dated 1 June 2020 (provided post inspection).

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 20 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.16 Stated: First time	The registered person shall ensure that the annual quality report includes the views and opinions of patients and their representatives.	Met
	Action taken as confirmed during the inspection: Review of the annual quality report evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 4.9 Stated: Second time	The registered person shall ensure that contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: Review of wound care recording on wound assessment charts evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 22 Stated: First time	The registered person shall ensure that the pre-dining routine is reviewed to ensure that patients are not seated in the dining room too early without any stimulus or for the convenience of staff and staff should ensure the comfort of those patients who remain seated in wheelchairs during the mealtime.	Met
	Action taken as confirmed during the inspection: Observation of the pre-dining routine evidenced that this area for improvement has been met. See section 6.2 for more detail.	

6.2 Inspection findings

Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. As a result of the ongoing COVID-19 outbreak staffing levels were currently maintained above assessed need. The manager also told us that staff had very helpfully chosen to work additional shifts where possible throughout the outbreak; this had resulted in minimal use of agency staff and had helped reduce footfall into the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a caring and timely manner.

Staff spoken with told us that teamwork was good and that, whilst working through the COVID-19 outbreak had been challenging and stressful, they felt well supported by both the manager and deputy manager. Comments made by staff included:

- "It can be stressful at times."
- "Staff have been wonderful, they really pulled together."
- "Mentally draining in a lot of ways."
- "I feel so well supported."
- "Joanne (manager) is fantastic."

Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. Staff had a separate entrance and changing facilities to enable them to put on their uniform and the recommended PPE before they entered the units in the home.

PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and don the recommended PPE. The manager told us that the Northern Health Trust (NHSCT) had supplied additional PPE for the home as required. PPE stations were found to be well stocked throughout the home. Staff told us that good supplies of PPE had been maintained throughout the COVID-19 outbreak. The duty rota identified a 'PPE champion' for each shift whose role was to promote the correct use of PPE.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly. The manager told us that staffs' use of PPE was monitored through observations and audits; as sessional use of fluid resistant masks was recommended staff were encouraged to take regular breaks and to change their mask as required. On one occasion we did observe that staff assisted a patient in a moving and handling activity without donning the recommended additional PPE. We brought this to the attention of the manager for information and immediate action.

Infection prevention and control (IPC) measures

We reviewed the home's environment; this included observations of a sample of bedrooms, ensuites, bathrooms, lounges, dining rooms, kitchenettes, treatment rooms, sluice and storage

areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised.

We observed staff following IPC best practice guidelines, for example, cleaning hoists between patient use. Some minor environmental issues brought to the attention of staff were resolved on the day of the inspection.

The manager told us that the NHSCT had provided advice on management of IPC measures during the outbreak as well as additional domestic staff. Deep cleaning was arranged as required and domestic hours had been increased in the home. Domestic staff were observed to use PPE correctly and to carry out enhanced cleaning of frequently touched surfaces in the home. Arrangements had been put in place to facilitate the storage and disposal of clinical waste following the recommended guidelines.

Care delivery

Patients looked well cared for and were observed to be content and settled in their surroundings and in their interactions with staff. It was obvious that staff knew the patients well; they spoke to them kindly and with respect. Patients were positive about their experience of living in the home; they told us:

- "They couldn't do more for me."
- "I am definitely well looked after; there is just a bit of a wait to get to the toilet sometimes."
- "It's nice here."
- "The staff are excellent."
- "This is my home."

Comments made by patients were shared with the manager for her attention and action as required. We observed that patients who were in their rooms had call bells within reach. Some patients were up sitting in the lounge; staff were seen to be attentive to patients and to answer call bells promptly.

A COVID-19 communication strategy was on display. The manager told us that efforts had been made to maintain good communication with relatives throughout the outbreak as staff understood how concerned they would be. Staff dedicated time each day to assisting patients to make phone calls or facetime with their relatives and facilitated planned, risk assessed, visits to the ground floor window of the hair dressing room.

The duty rota identified a 'fluid champion' for each shift whose role was to encourage and assist patients to achieve satisfactory fluid intakes. We observed that patients had drinks readily available and staff were seen to help those patients who required assistance.

As discussed in section 6.1 we observed the pre-dining routine and were satisfied that this area for improvement had been met. Patients were assisted to the dining room at an appropriate time and were comfortably seated; staff were in attendance and there was music playing in the background. The dining room was clean and tidy; menus and condiments were available on the tables. The atmosphere was relaxed and friendly.

The food on offer at lunchtime was well presented and smelled appetising. Staff were seen to appropriately assist those patients who required help to eat and drink. Patients spoken with told us that they had enjoyed their lunch. Comments made about the food on offer included:

- “Most days the food is great.”
- “Lunch was very tasty.”
- “The food is okay.”
- “Lack of variety in food.”

Comments made by patients were brought to the attention of the manager for information and action if required.

Care records

We reviewed five patients' care records which evidenced that individualised care plans had been developed to direct the care required in relation to nutritional and fluid intake. There was evidence of referral to and recommendations from the speech and language therapist (SALT) and dietician where required.

Food and fluid intake charts reviewed were up to date. The manager told us that all patients will be reviewed by the dietician following the COVID-19 outbreak as poor appetite and potential weight loss has been recognised as a risk following the illness. Virtual clinics, which include video reviews, have been set up by SALT and dieticians to facilitate assessments at this time.

As discussed in section 6.1 recording on wound care assessment charts was satisfactory. However, we identified that a wound care plan had not been developed for an identified wound and that a wound care plan had not been discontinued where a wound had healed. We brought these issues to the attention of staff for their information and action as required. Wound care plans should be developed in a timely manner and discontinued once a wound has healed to ensure that the recommended wound care is provided at all times; an area for improvement was made.

Deficits in communication with the General Practitioner (GP) were identified during the inspection. This was brought to the attention of the manager who assured us that action had already been taken to ensure that staff had current and up to date GP contact details available. The system in place to refer patients to the GP should be robust in order to ensure that timely advice or treatment is provided; an area for improvement was made.

Furthermore, record keeping reviewed in relation to communication with the GP was not fully reflective of the actions taken, at what time these were taken or the mode of communication used. Referrals to health care professionals, such as the GP, should be timely and records maintained in relation to this should be meaningful, informative and contemporaneous; an area for improvement was made.

Governance and management arrangements

We discussed the COVID-19 outbreak with the manager who told us that, whilst this had been a very challenging time, both the Public Health Agency (PHA) and the NHSCT had been extremely supportive and that good working relationships had been developed. The manager also commented very positively about the staff; she told us that efforts had been made to maintain staff morale and that “teamwork has been brilliant, staff really pulled together”. Staff

had been made aware that the commitment and compassion they had shown to patients and each other throughout the outbreak was very much appreciated.

Both the Runwood group and the NHSCT had provided staff with contact numbers for support and counselling services; it was recognised that staff have been working under difficult and challenging conditions.

As previously mentioned staff were complimentary about the support they had received from the home's management; they told us that there was a clear management structure in the home and they knew who to go to if they had a problem. Staff had completed appropriate online training and had received supervision on managing the COVID-19 outbreak. A COVID-19 information file had been developed and was available for staff.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home. The audits reviewed contained clear action plans; the manager told us that some delays in actions required had arisen due to the outbreak and these will be addressed once the home has been terminally cleaned.

Areas of good practice

Areas of good practice were identified in relation to staffing, IPC measures, care delivery, the dining experience and having an identified 'PPE champion' and 'fluid champion' on each shift.

Areas for improvement

Areas for improvement were identified in relation to wound care planning, the system in place to communicate with the GP and record keeping in relation to communication.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Patients looked well cared for in the home. Staffing levels were satisfactory and staff felt well supported.

Staff were observed to use PPE according to the regional guidance. The home was clean and tidy throughout; recommended IPC measures were followed.

Governance systems were in place to monitor and review the delivery of care in the home. Staff had been updated with the latest guidance on COVID-19.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Alderdice, manager, and Elizabeth Jeffery, deputy 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 14 (1) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that there is a robust system in place to refer patients to the GP in order that timely treatment or advice is provided where necessary. Ref: 6.2
	Response by registered person detailing the actions taken: Staff will ensure that GP is contacted in a timely manner via telephone or email. Time of communication will be documented in the notes. Relevant email addresses are available for each practice.
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: 9 June 2020	The registered person shall ensure that wound care plans are developed in a timely manner, regularly evaluated and discontinued once a wound has healed. The system in place to monitor and review wound care delivery should be robust. Ref: 6.2
	Response by registered person detailing the actions taken: Staff will ensure care plans are kept up to date with any changes and evaluated. Care plans will be discontinued as soon as wounds are healed. Daily wound check register in place.
Area for improvement 2 Ref: Standard 21 (1) Stated: First time To be completed by: 9 June 2020	The registered person shall ensure that referrals to health care professionals, such as the GP, are timely and that records maintained in relation to this are meaningful, informative and contemporaneous. Ref: 6.2
	Response by registered person detailing the actions taken: Staff will ensure GP and other members of MDT are contacted in a timely manner. Notes will be updated with full details of request and outcome and recommendations following correspondence.

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



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