

Unannounced Care Inspection Report 18 November 2016



Carrickfergus Manor

Type of Service: Nursing Home

**Address: 76 Dunluskin Gardens, Prince Andrew Way, Carrickfergus,
BT38 7JA**

Tel no: 028 93336 9780

Inspectors: Heather Sleator and Ruth Greer

1.0 Summary

An unannounced inspection of Carrickfergus Manor took place on 18 November 2016 from 06.50 to 10.45 hours.

Information was received by the RQIA duty desk on 4 November 2016 of the following; staff were being taken from the residential unit to work in the nursing unit leaving the residential unit short staffed, night staff had to get a number of patients up between 06.00 and 07.00 hours, staff were unable to monitor patients on 'whereabouts' charts as senior staff were administering medications, there was a shortage of soap, wipes and handtowels in patients bedrooms and communal areas, on occasions staff had to purchase food for patients from the local shops and there was a high occurrence of patients receiving bread and jam for tea and the duvets and pillowcases used by patients were 'rubberised' causing patients to perspire.

The purpose of this inspection was to seek assurances that the care and welfare of patients was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.

On the day of the inspection aspects of the concerns were found to be substantiated in that three patients in the nursing unit had been washed, dressed and put back to bed by the night staff. The inspection was unable to substantiate the specific concerns raised in the complaint regarding a shortage of soap, hand towels and wipes, the use of 'rubberised' duvets and pillowcases was causing patients to perspire, the high occurrence of jam sandwiches at tea time and the inability of staff to monitor and supervise patients. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

The term 'patients' is used to describe those living in Carrickfergus Manor which provides both nursing and residential care.

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	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joanne Neville, 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 11 and 12 May 2016.

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. As stated in section 1.0 the focus of this inspection was with regard to concerns brought to the attention of RQIA by a whistle blower.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd John Rafferty	Registered manager: Joanne Neville
Person in charge of the home at the time of inspection: Joanne Neville	Date manager registered: 17 December 2014
Categories of care: RC-I, RC-DE, NH-I, NH-PH, NH-PH(E)	Number of registered places: 90

3.0 Methods/processes

Information was received by RQIA on 4 November 2016 which raised concerns in relation to the areas discussed in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate actions is required; this may include an inspection of the home.

Following discussion with senior management at RQIA, it was agreed that an inspection would be undertaken to review the following areas:

- the staffing levels and arrangements
- the number of patients who were washed and dressed between 06.00 and 07.00 hours
- review the arrangements for patients who require frequent supervision
- review the availability of soap, wipes and hand towels in the home
- review the menu and records of meals served
- review the bed linen/s in use at the time of the inspection

Prior to the inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

The following methods and processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- observation during the inspection of the activity within the residential and nursing units
- a review sample of staff duty rotas
- a review of care records
- a review of menus and records of meals served
- an inspection of the premises

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 and 12 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 and 12 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 18 (2) (n) (i) and (ii) Stated: First time	The registered person must ensure that activities are planned and provided with regard to the needs and preferences of the patients. Whilst this requirement is stated for the first time, the issue of activities provision was first stated in July 2015. Further failure to comply with this matter will lead to enforcement action.	Not assessed
	Action taken as confirmed during the inspection: This requirement was not assessed on this occasion and is carried forward for review at the next inspection.	

Requirement 2 Ref: Regulation 17 (1) Stated: First time	<p>The registered person must ensure that robust governance systems are in place in respect of the quality of nursing and other service provision in the home. Governance arrangements should ensure action is taken to ensure compliance with any requirement or recommendation made in the quality improvement plan of any RQIA inspection.</p> <p>Action taken as confirmed during the inspection: This requirement was not assessed on this occasion and is carried forward for review at the next inspection.</p>	Not assessed
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41.1 and 41.2 Stated: First time	<p>The registered manager should ensure that the dependency levels of patients is kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients..</p> <p>The registered manager should ensure that the registered nursing staff are informed that it is no longer custom and practice to deplete the residential unit to supplement the staffing arrangements in the nursing unit.</p> <p>Action taken as confirmed during the inspection: This recommendation was not assessed on this occasion and is carried forward for review at the next inspection.</p>	Not assessed
Recommendation 2 Ref: Standard 29 Stated: First time	<p>The registered person should ensure that registered nurses record the actual time of the administration of any medicine.</p> <p>Action taken as confirmed during the inspection: This recommendation was not assessed on this occasion and is carried forward for review at the next inspection.</p>	Not assessed

Recommendation 3 Ref: Standard 4.2 Stated: First time	<p>The registered person should ensure that social model of assessment of need is utilised in the residential care unit. This will ensure that an appropriate, holistic approach to the assessment and care planning process is established. Care planning should also be a participative process and evidence of this should be available in the records maintained.</p> <p>Action taken as confirmed during the inspection: This recommendation was not assessed on this occasion and is carried forward for review at the next inspection.</p>	Not assessed
Recommendation 4 Ref: Standard 12.11 Stated: First time	<p>The registered person should ensure that there are adequate numbers of <u>appropriately trained</u> staff present when meals are served to ensure:</p> <ul style="list-style-type: none">• Risks when patients are eating and drinking are managed; and• Staff are deployed to ensure that assistance is provided as required <p>Action taken as confirmed during the inspection: This recommendation was not assessed on this occasion and is carried forward for review at the next inspection.</p>	
Recommendation 5 Ref: Standard 7 Stated: First time	<p>The registered person should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of patients, which incorporates the comments made, issues raised and any action taken for improvement.</p> <p>Action taken as confirmed during the inspection: This recommendation was not assessed on this occasion and is carried forward for review at the next inspection.</p>	Not assessed

4.3 Inspection findings

4.3.1 Staffing Arrangements

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. Review of the staffing rota from 30 October 2016 to 13 November 2016, evidenced that the planned staffing levels were adhered to. There was no evidence of a reduced number of staff on the duty rotas or evidence that staff from the residential unit were taken to work in the nursing unit. Discussion with night duty staff in both units confirmed that it was not practice to supplement the number of staff on duty in the nursing unit with staff from the residential unit. Staff stated they were satisfied with the staffing arrangements in both units. Discussion with patients evidenced that there were generally no concerns regarding staffing levels. One patient commented “not enough of them (staff), takes time to respond to the call bell”

In discussion with staff from the residential unit, it was stated that if, on occasions, staff were ‘all cleared up’, a staff member would be sent upstairs to the nursing unit to help out. Whilst this may be beneficial to the nursing unit and an indication of teamworking it may lead to a culture of this being the accepted practice. The residential unit provides care and support for persons living with dementia therefore the social care needs of the residents should be paramount and any additional time staff may have should be utilised to the advantage of the residents. A relationship model of dementia care practice should be in evidence. A recommendation has been made to this regard.

Areas for improvement

The registered manager should ensure staff in both the residential and nursing units are informed of the importance of supporting patients socially and emotionally as well as assisting with physical care tasks.

Number of requirements	0	Number of recommendations	1
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4.3.2 Care Practice

On commencement of the inspection we initially observed the number of patients who were up and dressed. There were three patients up in the residential unit. Staff stated that two of the patients had been unsettled during the night, one of whom refused to go to bed and was resting and at ease in the lounge. One patient stated, “I’m not a night person; I’m up with the lark.”

There were no patients up in the nursing unit, however, in discussion with nursing staff it was stated that three patients had been washed, dressed and put back to bed. The reason given for this was ‘to help the day staff.’ The care records of the three patients were reviewed. Two care records did not evidence a preferred time of rising and retiring. The third care record evidenced that the patient preferred to get up between 08.00 and 08.30 hours. The review of the patients care records did not provide any rational as to why the three identified patients had been washed and dressed by the night staff. Nursing staff from both day and night duty did state that, due to the care needs of one patient, it was helpful to day staff if night staff assisted with the patient’s personal care. The subsequent review of the patient’s care record did confirm the physical care needs of the patient, however, the review also confirmed there was adequate time for day staff to meet the patient’s needs without the assistance of the night staff.

A requirement has been made that care records accurately reflect the preferred rising and retiring times of patients. Care records must also reflect if a patient has specific care needs that require the assistance of the night staff. Night staff must not routinely get patients washed and dressed to assist day staff. It is the responsibility of the registered persons to ensure there are sufficient numbers of staff on duty, at any given time, to meet the needs of patients. A requirement has been made.

Staff in the residential unit stated there was one patient who staff needed to visually check at regular intervals throughout the night and day as the patient had recently returned from hospital. This information was being recorded on a supervision chart for the patient. We observed the provision of soap, hand towels and wipes throughout the home. There was no evidence of a shortage in communal areas. We spot checked a number of patients bedrooms and adequate stock was observed to be present. We also observed further supplies of hand towels, soap and wipes in the storage cupboards in the home.

In discussion with the registered manager it was confirmed that there had been one occasion during the summer months when staff did have to purchase food from a local store for patients' meals. Catering staff had informed the registered manager, on that day, that they felt the chicken due to be cooked had 'spoiled' and was unsafe to cook. The registered manager authorised the purchase of additional chicken and the supplier of the 'spoiled' chicken was informed. This was a reasonable course of action for the registered manager to take. The review of the rotational menus and record of meals served did not evidence that jam sandwiches were regularly on the menu. The record of meals served evidenced a range of evening meals which were provided to patients and that catering staff were meeting individual choices as many patients were served their preferred meal choice which was not on the menu for that day.

The registered manager confirmed that new duvets and pillowcases were being used in the home. The material of the duvets and pillowcases was 'coated' and created a barrier on the material of the duvets and pillowcases which may appear non porous. The registered manager stated this type of duvets and pillowcases were being trialled in all Runwood homes. Staff did not raise any issue at the time of the inspection regarding the use of the new duvets and pillowcases.

We observed the serving of breakfast. Breakfast is 'staggered' and is served as and when each patient comes to the dining room. Patients have a choice of a range of breakfast foods including cereals, porridge, toast, eggs, sausage or a 'fry'. The meal was not rushed in any manner and a staff member was in the dining room at all times to assist patients. Registered nurses were not in the dining room as they had commenced the administration of the morning medications. We observed a patient's breakfast choice of a 'fry' had been left to sit outside of the heated trolley. This rendered the meal cold before it was given to the patient. This was discussed with the registered manager who agreed to inform staff of the importance of serving meals to patients promptly and at the correct temperature.

The atmosphere within the home was calm and staff did not appear to be rushed in any manner. There were no malodours evident and the environment presented as clean and tidy. Staff, particularly in the residential unit spoke compassionately in respect of the patients and had a good knowledge of their patients and their individual circumstances.

Staff comments included:

“This home is far better than any other home I’ve worked in.”

“This is a good home and we provide good care.”

“I’ve never experienced staff shortage or staff being taken to the nursing unit.”

“Really good care here.”

“I’ve worked in other homes where they’ve trailed people out of bed, it doesn’t happen here.”

“No one is made to get up, that’s drummed into us at induction.”

Patients also expressed their satisfaction with the care afforded by staff, comments included:

“Staff are more than good.”

“Staff would do anything for you.”

“Staff couldn’t be better.”

Areas for improvement

Care records must accurately reflect the needs of patients including their preferred times of rising and retiring. Care records must also reflect that if a patient has specific care needs which requires the assistance of the night staff, the rationale for night staff intervention must be stated.

The registered persons must ensure that there are sufficient numbers of staff on duty, at any given time, to meet the needs of patients.

Number of requirements	2	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Neville, 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 nursing.team@rqia.org.uk 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	
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 12 December 2016	<p>The registered provider must ensure that there are sufficient numbers of staff on duty, throughout the 24 hour period to meet the needs of the patients.</p> <p>Ref: section 4.3.2</p> <p>Response by registered provider detailing the actions taken: Staffing levels will be kept under constant review and changed accordingly depending on the dependency of the unit and residents.</p>
Requirement 2 Ref: Regulations 15 and 16 Stated: First time To be completed by: 12 December 2016	<p>The registered provider must ensure that care records must accurately reflect the needs of patients including their preferred times of rising and retiring. Care records must also reflect that if a patient has specific care needs which requires the assistance of the night staff, the rational for night staff intervention must be stated.</p> <p>Ref: section 4.3.2</p> <p>Response by registered provider detailing the actions taken: All care plans will reflect the needs of the residents and indicate as necessary preferred times of rising and retiring. Care plans also now state the reason for night staff intervention and the reason reason why.</p>
Recommendations	
Recommendation 1 Ref: Standard 4 Stated: First time To be completed by: 12 December 2016	<p>The registered provider should ensure staff in both the residential and nursing units are informed of the importance of supporting patients socially and emotionally as well as assisting with physical care need/tasks.</p> <p>Ref: section 4.3.2</p> <p>Response by registered provider detailing the actions taken: All staff in Carrickfergus manor are fully aware of the importance of meeting all residents social and emotional needs.</p>

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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews