

Unannounced Follow Up Care Inspection Report 19 August 2017



Carrickfergus Manor

Type of Service: Nursing Home

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

Tel No: 028 9336 9780

Inspector: Norma Munn

www.rqia.org.uk

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 provider 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 nursing home registered to provide nursing and residential care for up to 90 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Limited Responsible Individual: Mr Gavin O'Hare-Connolly (acting)	Registered Manager: Ms Joanne Neville
Person in charge at the time of inspection: Ms Violet Baptiste (Nurse in Charge) Ms Joanne Neville– Registered Manager, arrived at 10.30 hours	Date manager registered: 17 December 2014
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 Residential Care (RC) I – Old age not falling within any other category DE – Dementia.	Number of registered places: Total number of registered beds: 90 Comprising of : 43 - RC-DE 1 – RC-I 46 – NH-I, NH-PH/PH(E)

4.0 Inspection summary

An unannounced inspection took place on 19 August 2017 from 10.00 to 14.20 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.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd., a lay magistrate issued an order to cancel that home's registration. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in Carrickfergus Manor.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Patients spoken with stated that they felt well cared for in the home and that they felt safe. All stated that they enjoyed the food in the home and raised no areas of concern.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms 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.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 2 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

After the commencement of the inspection the inspector met with Ms Joanne Neville, Registered Manager, and Ms Kerri Wright, Deputy Manager, and briefly with Mr Gavin O'Hare Connolly, Group Director of Operations. During the inspection the inspector met with 17 staff, 18 patients and two clients' visitors/representatives.

The following records were examined during the inspection:

- duty rota for all staff weeks commencing 06 August 2017 and 13 August 2017
- incident and accident records
- four patient care records
- patient care charts including food and fluid intake charts
- records and information available relating to adult safeguarding
- records pertaining to the management of nutrition
- records regarding agency staff inductions
- fire safety records including PEEPS, fire plan and fire risk assessment

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to Ms Joanne Neville, registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 18 November 2016

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 18 November 2016 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

Management arrangements

The registered manager of the home, Ms Joanne Neville and the deputy manager, Ms Kerry Wright, arrived just after the start of the inspection. Mr Gavin O'Hare Connolly, Group Director of Operations was present towards the end of the inspection. Feedback at the conclusion of the inspection was given to Ms Joanne Neville.

On entering the home information was displayed in the front foyer of the home naming the nurse in charge for visitors/relatives information. However, staff confirmed that the name of the nurse in charge of the home displayed was incorrect and had not been updated. A review of the duty rotas evidenced that the nurse in charge had been identified correctly however; discussion with two staff members identified some confusion around who the nurse in charge was. It was advised that the name of the nurse in charge displayed in the foyer should be updated and all members of staff should be made aware of who the nurse in charge of the home is. Ms Neville has agreed to address this issue and an area for improvement under the standards has been made in this regard.

Discussion with the nurse in charge confirmed the home's on-call arrangements for out of hours and weekends. The nurse in charge was able to confirm the identity of the on-call person for the weekend. The nurse in charge evidenced that they were very knowledgeable regarding the staffing levels in the home, the numbers of patients in each unit and had current knowledge of wounds, falls, patients' identified as being at risk of poor nutrition and poor fluid intake. The nurse in charge was also aware of the actions to be taken in regards to an incident occurring or a safeguarding issue occurring. Staff spoken with confirmed that they would have no hesitation in speaking with nurse in charge, the deputy manager or the manager should it be required.

The nurse in charge was able to describe the procedure for referring concerns to adult safeguarding. An adult safeguarding standard operating procedure (SOP) was available and included contact details of all Trust adult safeguarding teams including out of hours contact details.

Care delivery

The nurse in charge of the home and the designated person in charge of each unit had sound knowledge of the patients in their care. They were able to demonstrate this through their understanding of the patients current conditions, this included; wounds, falls, food and fluid intake. Discussion with staff in the nursing unit and in the residential unit identified no difficulties about the delivery of care. Daily personal care records had been maintained in respect of areas such as bathing, hair care, oral hygiene, nail care, eye care and ear care.

Staff spoken with were of the opinion that care delivery was of a good standard and that staffing was appropriate to meet the needs of patients in a timely way. Patients were observed to be appropriately dressed and observation of care delivery evidenced that patients' hygiene and continence needs were being addressed in accordance to patients' requests or their needs. The finger nails of two patients were observed to be long and needed attention, staff spoken with agreed to address this issue on the day of the inspection. This was also discussed with Ms Neville during feedback. Staff reported that when there are difficulties in delivering personal care, they will inform the person in charge.

Discussion with Ms Neville confirmed that on a monthly basis the number, type, place and outcome of falls are analysed to identify patterns and trends on falls in the home in order to prevent recurrence where possible. Staff identified several patients who were at high risk of falling. The review of patient care records evidenced that falls risk assessments and corresponding care plans were reviewed and updated on a regular basis or when there was a change in patient needs. Care records reflected that in the event of an accident or incident occurring to a patient, the management, the patient's General Practitioner and the next of kin were informed.

Food and fluid intake charts were completed when patients were identified as having weight loss recorded and/or where patients were receiving supplements to enhance nutritional requirements. A monthly weight chart was maintained for all patients accommodated in the home. The chart was colour coded to highlight weight lost and weight gained. A review of two patient care records where weight loss had been identified confirmed that appropriate referrals had been made to health professionals such as dieticians, speech and language therapist and/or general practitioners. Nutritional risk assessments had been updated monthly or more often as required. Patients' care plans had been updated to reflect recommendations made by health professionals. There was evidence of regular dietetic review within patients' care records.

Staffing arrangements

The planned staffing arrangements were in place on the day of inspection and a review of the duty rosters from 13 August to 2 September 2017 evidenced that the planned staffing arrangements were generally adhered to. The nurse in charge stated that the only time they deviate from the planned staffing is during staff sickness given at short notice. The nurse in charge stated that shifts generally do get covered and there are contingency plans in place so that staff can access agency staff if needed. The nurse in charge was aware of the contingency plans and confirmed that duty rotas were usually planned well in advance.

The nurse in charge confirmed that agency staff are used in the home to fulfil shifts. There were two agency members of staff on duty at the time of inspection. The agency members of staff had worked in the home before and an induction had been completed during their first shift to the home. A template of the induction for agency staff was reviewed. Discussion with the agency members of staff on duty confirmed that they had received an induction and confirmed that they were well directed throughout their shifts in the home and felt there was good communication in the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. There were no concerns raised by staff in respect of the staffing arrangements.

Equipment

Staff confirmed that they had ready access to equipment, for example; pressure relieving mattresses or alarm/pressure mats. Staff were aware of the actions to take should specialised equipment be required out of hours or when equipment becomes faulty and stated that various items of equipment were available in a store in the home. A random sample of call bells were checked in identified rooms within in the home. The call bells tested were found to be in working order and wall panels identified the rooms in which the call bells were tested. Staff were observed answering the call bells in a timely manner. Staff confirmed that pressure mats in use in the home were in good working order.

Behaviours that challenge

The nurse in charge was able to demonstrate an understanding of how to recognise and manage behaviours that challenge. Staff discussed one patient who was displaying distressed reactions. Staff spoken with expressed confidence with regards to managing the patient's behaviours in compliance with multidisciplinary guidance which had also been recorded in the patient's care records. The review of the care records of the patient evidenced a person centred care plan had been developed and staff were responding appropriately and maintained the dignity of the patient. There was evidence of good communication with family members in the patients care records.

Environment

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was warm and fresh smelling throughout. On the day of the inspection personal protective equipment holders in the home were generally well stocked however; staff confirmed that on occasions there were insufficient stocks of gloves in the various sizes needed. Housekeeping staff on duty stated that in general they had adequate stock of cleaning products and equipment however; they suggested that the supply of toilet roll could be increased. This was discussed with Ms Neville and it was agreed that the stock of gloves in various sizes and the stock of toilet rolls would be increased to ensure that there was a plentiful supply within in the home at all times.

Fire safety

There was a fire safety plan in operation, staff spoken with were aware of the fire plan. The fire zones were easily identified throughout the home. The nurse in charge had full knowledge of the action to be taken in the event of the fire alarm sounding. Fire exits and corridors were observed to be clear of clutter and obstruction. The majority of doors within the home had not been propped or wedged open. However, two of the doors leading into the kitchenettes in the nursing units were observed to be wedged open. This was brought to the attention of staff and the doors were closed with immediate effect. This issue was discussed with Ms Neville and Mr O'Hare Connolly and an area for improvement under the regulations has been made in this regard.

Personal emergency evacuation plans (PEEP) had been completed for all patients accommodated in the home and a list of the PEEPs was retained in an identified area in the foyer should an emergency occur in the home. A recent fire risk assessment had been conducted in July 2017. Ms Neville confirmed that any recommendations made in the assessment had been reviewed by the home's estate staff.

Areas for improvement

An area for improvement under the regulations was identified in relation to ensuring that the practice of wedging/propping open fire doors in the identified kitchenettes ceases with immediate effect.

An area for improvement under the standards was identified in relation to ensuring that the name of the nurse in charge of the home is accurately recorded so that staff and visitors can clearly identify who the nurse in charge of the home is.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms 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 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 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: 18 August 2017	The registered person shall ensure that the practice of wedging/propping open fire doors in the identified kitchenettes must cease with immediate effect. Ref: Section 6.3
	Response by registered person detailing the actions taken: New fire door retainers are now in place. Staff fully aware that doors should never be wedged open in any part of the home.

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

Area for improvement 1 Ref: Standard 41.7 Stated: First time To be completed by: 18 August 2017	The registered person shall ensure that the name of the nurse in charge of the home is accurately recorded so that staff and visitors can clearly identify who the nurse in charge of the home is. Ref: Section 6.3
	Response by registered person detailing the actions taken: Residential unit are now responsible for ensuring the name of the nurse in charge is changed on the entrance door. Also the nurse in charge continues to be highlighted on the rota.

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

Due to the focused nature of this inspection, as outlined in section 4.0 of this report, the areas for improvement from the previous care inspection will be carried forward for review at the next care inspection.

Areas for improvement from the last care inspection	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 12 December 2016	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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 15 and 16 Stated: First time To be completed by: 12 December 2016	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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 12 December 2016	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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.



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