

Unannounced Secondary Care Inspection

Name of Establishment:	Carrickfergus Manor
Establishment ID No:	12111
Date of Inspection:	20 October 2014
Inspector's Name:	Norma Munn
Inspection ID	IN020745

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Carrickfergus Manor
Address:	76 Dunluskin Gardens Prince Andrew Way Carrickfergus BT38 7JA
Telephone Number:	(028) 9336 9780
E mail Address:	manager.carrickfergus@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Logan Logeswaran
Registered Manager:	Mrs Joanne Neville – registration pending
Person in Charge of the Home at the Time of Inspection:	Mrs Joanne Neville
Categories of Care:	NH-I, NH-PH, NH-PH(E), RC-DE
Number of Registered Places:	75
Number of Patients Accommodated on Day of Inspection:	Nursing 37 Residential 36
Scale of Charges (per week):	£586 - £786
Date and Type of Previous Inspection:	24 March 2014 Primary Inspection
Date and Time of Inspection:	20 October 2014 08:15 – 17:30 hours
Name of Inspector:	Norma Munn

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Norma McAllister, Regional Care Director
- Discussion with Joanne Neville, Manager
- Discussion with staff
- Discussion with relatives
- Discussion with patients/residents individually and to others in groups
- Examination of records pertaining to recruitment of staff
- Examination of records pertaining to activities and events
- Review of a sample of staff duty rotas
- Review of a sample of competency and capability assessments
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

RQIA undertook this inspection following information received from a relative and a former employee expressing concerns in relation to the following areas:

- Staffing levels;
- Management of mealtimes;
- Induction for new staff;
- Provision of activities; and
- The environment

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the commissioners of care. However, if RQIA is notified of any breach of regulations or associated standards, it will review the issues and take whatever appropriate action is required; this may include an inspection of the home. On this occasion an inspection was undertaken. The inspector reviewed information relating to the identified issues together with a review of the records pertaining to the competency and capability of staff and care records.

2.0 Profile of Service

Carrickfergus Manor is a new purpose built three storey detached private nursing home set in landscaped gardens. The home is operated and managed by Runwood Homes Ltd. The current manager is Ms Joanne Neville, registration pending.

The home is situated on the outskirts of Carrickfergus town centre, just off the North Road. Access to local bus routes and shops are within walking distance of the home.

The home offers bright and spacious accommodation for a total of 75 persons requiring both nursing and residential care.

The bedrooms are all single rooms with en suite shower and toilet facilities. Each bedroom has been furnished with a profiling bed and a range of furniture providing storage for patients'/residents' personal possessions. Overhead and subtle optional lighting has been provided.

There are assisted bathroom/showers on each floor of the home, ensuring that bathing facilities are available for patients/residents if they wish. Communal toilets are located throughout the home.

There are sitting rooms and dining rooms located throughout, all are tastefully decorated and have comfortable furnishings to suit a range of needs. The sitting rooms look out on to an enclosed secure garden situated at the rear of the building or a panoramic view of the surrounding country side. All patients/residents have access to the garden from the ground floor. In addition to the communal sitting areas on each floor, a café style area is available on the ground floor. This is for the use of all patients and residents.

A passenger lift ensures that facilities are accessible to all patients/residents and visitors to the home.

Car parking has been provided to the front of the home.

A lower ground level provides accommodation for the home's catering and laundry services. Staff changing areas and a staff room are also provided on this level.

The home is registered with RQIA to provide care under the following categories:

Residential care (RC) – 36 beds; ground floor

DE dementia.

Nursing Care (NH) – 39 beds; first floor

I old age not falling within any other category.

PH physical disability other than sensory impairment under 65 years of age.

PH (E) physical disability other than sensory impairment over 65 years of age.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Carrickfergus Manor. The inspection was undertaken by Norma Munn on 20 October 2014 between the hours of 08.15 and 17.30 hours.

The inspector was welcomed into the home by Catherine McCorry, deputy manager and later joined by Ms Joanne Neville, manager who was available throughout the inspection.

Verbal feedback of the issues identified during the inspection was given to Joanne Neville, manager and Norma McAllister, regional care director at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/residents, staff and relatives. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

Inspection findings

Twelve requirements and five recommendations were made as a result of the previous inspection. Eight requirements were not reviewed during this inspection and have been carried forward for review at the next inspection. Of the four requirements reviewed compliance had not been fully achieved. The relevant sections of these requirements which relate to staffing levels, meals and mealtimes, competency and capability assessments and the health and welfare of patients / residents have been stated for the second time.

Four recommendations were not reviewed during this inspection and have been carried forward for review at the next inspection. Of the one recommendation reviewed compliance had not been achieved. This recommendation relating to the recording of the staff duty rota has been stated for the second time. Details can be viewed in the section immediately following this summary.

Observation of the morning routine identified that planned staffing levels were insufficient to meet the needs of the patients/residents accommodated. Patients were observed having to wait for long periods of time for their breakfast and were also observed seated in wheelchairs from early morning to after lunch time and a mid-morning snack was not being offered. The inspector met with a visitor and a member of staff who raised concerns in relation to the current staffing levels and a review of the staff duty rotas also identified deficits in staffing levels and skill mix. Identified deficits in catering staffing levels were also impacting on meals and mealtimes. The issues identified in relation to staffing levels were concerning to note. RQIA had identified that staffing levels were not meeting the needs of the patients/residents in the home during the previous inspection on 24 March 2014 and a requirement had been made. This requirement has been stated for the second time and a further requirement has been made in relation to reviewing catering staffing levels. A number of omissions on the duty rota were also identified. A recommendation in relation to the recording of information on the staff duty rota had been made during the previous inspection. The relevant section of this recommendation has been stated for the second time and additional actions have been recommended in relation to the recording on the duty rota.

The inspector observed the serving of the breakfast meal in the Knockagh Suite. The dining room tables were appropriately set with table cloths, napkins, cutlery, crockery and condiments and the menu was clearly displayed. It was identified that a number of patients were not being

served their breakfast in a timely manner. A number of shortfalls in the serving of meals and the dining experience were identified which had previously been identified during the inspection on 24 March 2014 and a requirement had been made. This requirement has been stated for the second time. A requirement has also been made to ensure that adequate stocks of crockery and cutlery are available in the home.

Further shortfalls in relation to meals and mealtimes were identified during this inspection and was concerning that the dining experience in the nursing unit fell short of best practice as outlined in 'Nutritional guidelines and menu checklist for residential and nursing homes' published by The Public Health Agency. This was discussed with the manager and the regional care director during feedback and a further requirement has been made.

The dining experience in the residential unit was observed during lunch time. Tables were appropriately set with tablecloths, napkins, cutlery, crockery and condiments. Observation confirmed that meals were served promptly and in a timely manner.

Observation of the care practices in the Knockagh Suite evidenced an absence of leadership, direction and supervision of staff. A review of competency and capability assessments for nurses left in charge of the home in the absence of the manager confirmed that not all of the assessments were available for inspection, and not all were fully completed and signed off by the manager confirming staff competency. RQIA had identified issues in relation to competency and capability of staff in the home during the inspection on 24 March 2014 and a requirement had been made. This requirement has been stated for the second time.

Several patients spoken with gave positive comments regarding the care they received. Staff were observed interacting well with patients. However, a number of issues which do not meet with best practice were identified in relation to pressure area care and the provision of food and fluids and requirements have been made.

During the inspection staff discussed the category of care and the assessment of needs of the patients/residents within the home. Staff confirmed during discussion that a number of patients/residents care needs were difficult to meet. A review of the patients'/residents' care records evidenced that they may have been placed outside the home's categories of care. This was discussed with the manager during feedback and a requirement has been made to ensure that the home only accommodates patients and residents within the category of care for which the home has been registered.

The manager confirmed during discussion that all newly appointed staff undergo a period of induction. However, there was no evidence retained to confirm that newly appointed staff had completed a staff induction. This was discussed with the manager and a requirement has been made.

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. However, a number of issues in relation to infection prevention and control and health and safety relating to the wedging open of fire doors and storage of seating in corridors were identified and require to be addressed. These issues are discussed in more detail in the main body of the report and requirements to address them have been made.

A requirement has been stated for the second time to ensure that clean linen, towels and incontinence products are not stored in a sluice area.

Areas of concern in relation to staffing levels, competency and capability of staff, meals and meal times, the provision of food and fluids and the assessment of patients/residents needs detailed in the main body of the report were discussed with Ms Norma McAllister, Regional Care Director and Ms Joanne Neville, manager during the feedback at the conclusion of the inspection. An urgent actions letter was issued to the manager in relation to areas of concern for immediate attention.

As a result of the serious issues which were identified during this inspection the matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Mr Logan Logeswaran, Responsible Individual, Ms Norma McAllister, regional care director and Ms Joanne Neville, manager were invited to attend a meeting at RQIA on 13 November 2014. Mr Emerson Kupfuwa, Director of Operational Services was also in attendance.

During the meeting the issues identified during this inspection on 20 October 2014 were shared with Mr Kupfuwa, Mr Logeswaran, Ms McAllister and Ms Neville, who gave assurances to RQIA that arrangements were being put in place to address the identified issues as a matter of urgency.

At the meeting Ms Neville submitted an action plan. The actions to be taken in order to ensure compliance with legislative requirements and minimum standards were discussed. In addition RQIA will review the quality improvement plan submitted following issue of this inspection report. At this time an assessment in relation to compliance will be made.

Thirteen requirements, four of which have been stated for the second time and two recommendations one of which has been stated for the second time were made as a result of this inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP). Eight requirements and four recommendations were carried forward for review during the next inspection.

The inspector would like to thank the patients/ residents, manager and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20(3)	<p>It is required that the registered person reviews the content of the nurse in charge competency and capability assessment to ensure a more robust/clear record of the areas covered and assessed as competent is in place.</p> <p>In addition, the home manager needs to record and sign a statement of competence following completion of the assessment.</p>	<p>Observation of care practices identified an absence of leadership, direction and supervision of staff. Discussion with the manager confirmed that not all nurses in charge of the home in the absence of the manager had fully completed competency and capability assessments.</p> <p>This requirement has not been addressed and been stated for the second time.</p>	Not compliant
2	14(4)	It is required that the registered person shall ensure that all staff receive training on safeguarding of vulnerable adults in accordance with DHSSPS minimum standards for nursing homes.	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection
3	20(1)	It is required that the registered person shall ensure that all staff employed by the nursing home receive mandatory training and other training appropriate to the work they are to perform.	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection

4	19(2) schedule 4(21)	<p>It is required that training records are maintained in accordance with this requirement and with DHSSPS minimum standards for nursing homes.</p> <p>For example: training analysis assessment, training planner for the calendar year, attendance signatures, content of training delivered and evaluation of effectiveness of training delivered.</p>	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection
5	12(1)(a) and (b)	<p>It is required that staff are provided with training, commensurate with their role and function, in relation to:</p> <ul style="list-style-type: none"> • human rights legislation in relation to restraint and seclusion; • deprivation of liberty interim guidance (DHSSPSNI) March 2010; • recording of best interests decisions; • evidencing assessment, evaluation and monitoring of any form of prescribed restraint. 	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection
6	12(1)	It is required that care plans are reflective of the assessed needs of the patient and reflect current best practice.	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection

7	16	<p>It is required that following a nursing assessment of need that care plans are developed to provide direction for staff on how to manage and deliver care to meet the patient's identified needs.</p> <p>Care plans must reflect the assessed needs of patients and the delivery of care required to meet those needs.</p> <p>Care plans must be developed in a timely manner in accordance with the homes' procedures, professional and minimum standards.</p> <p>Care plans should be developed in consultation with the patient and/or their representative as appropriate.</p>	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection
8	13(1)	It is required that the home manager establishes a process to ensure oversight of the incidences of wounds in the home, their status, and type.	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection

9	13 (1)	<p>It is required that the serving of meals and the mealtime experience for patients and residents is reviewed to ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • meals must be served hot, the provision of additional heated trolleys must be considered • nursing and care staff must be present to provide assistance to patients with eating and drinking and to monitor those patients at risk of choking • serving of food by catering staff must be considered as care staff are required to provide care • condiments and items such as butter, jam, sugar and milk should be placed on tables to enable patients to be independent. <p>The following issues must also be addressed:</p> <ul style="list-style-type: none"> • any member of staff required to handle food must receive food hygiene training commensurate with their role and function • food stored in the refrigerator must be stored correctly in accordance with food hygiene regulations • refrigerators must be maintained clean and the ice box kept free from ice build up • catering containers should not be stored in domestic type refrigerators for communal use but rather individualised portions of 	<p>Observation of the breakfast meal confirmed that several issues had been addressed.</p> <p>However, observation and discussion with staff indicated that a number of issues had not been addressed and have been stated for the second time.</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • meals must be served hot, the provision of additional heated trolleys must be considered; • nursing and care staff must be present to provide assistance to patients with eating and drinking and to monitor those patients at risk of choking; • serving of food by catering staff must be considered as care staff are required to provide care. <p>Additional issues of concern in relation to meals and mealtimes were identified during this inspection and a further requirement to address them has been made.</p>	<p>Moving towards compliance</p>
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		<p>butter, jam etc., must be considered</p> <ul style="list-style-type: none">• staff must be aware of the home's policy on storing and serving food items brought in by visitors• domestic microwaves must be maintained clean• any food reheated must be reheated in accordance with food hygiene regulations and the appropriate records maintained. If microwaves are to be used in kitchenettes, they must be maintained and operated correctly.		
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10	13 (1)	<p>The following issues require to be addressed as follows:</p> <ul style="list-style-type: none"> • items such as urinalysis 'sticks' and cleaning materials must be stored in accordance with COSHH guidance to ensure safety of patients/residents • the storage of incontinence pads in the store containing the electrical cupboard must be reconsidered. Advice must be sought from fire officer/advisor • storage in sluice rooms must be reviewed as the inspector observed 'clean items' such as PPE, clean linen, towels to be stored in sluice areas • laundered 'net pants' were observed in both nursing and residential units. These laundered pants were not labelled for individual use and staff agreed their use was communal. This practice must cease immediately • the use and storage of denture cleaning tablets in patient and residents en-suites must be reviewed and risk assessed on an individual patient/resident basis. 	<p>Observation confirmed that several issues had been addressed. However, observation and discussion with staff indicated that the following issue has not been addressed and has been stated for the second time.</p> <ul style="list-style-type: none"> • Ensure clean linen and towels are not stored in sluice areas 	Moving towards compliance
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11	20(1)(a)	<p>It is required that staffing levels are reviewed to ensure that the needs of the persons accommodated are met.</p> <p>In addition and until further notice the 'worked' duty rotas for the home should be forwarded to RQIA on a weekly basis.</p>	<p>Observation of the morning routine, a review of the duty rotas for week commencing 12 October 2014 and discussion with staff and a visitor identified that staffing levels were insufficient to meet the needs of the patients/residents accommodated.</p> <p>This requirement has not been addressed and has been stated for the second time.</p> <p>It was also identified that deficits in catering staffing levels were impacting on patient / resident meals and mealtimes and a further requirement has been made in relation to reviewing the catering staffing levels.</p>	Not compliant
12	30	It is required that any deficit in planned staffing levels that cannot be 'covered' is notified to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.	Not reviewed at this inspection and will be carried forward to the next care inspection	Carried forward to next inspection

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.2	<p>It is recommended that patients/residents and their representatives are made aware of the availability of the report, if requested.</p> <p>For example, putting a notice on the relatives' notice board advising of the availability of the report.</p>	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection
2	25.13	It is recommended that when the home's annual report is completed that a copy is forwarded to RQIA.	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection
3	16.2	It is recommended that the induction record confirms when the staff member receives the safeguarding training, as well as the discussion with their inductor.	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection
4	26	It is recommended that policies and procedures are reviewed on a regular basis to ensure they are in accordance with evidenced based practice and best practice as defined by professional and national standard setting bodies.	Not reviewed at this inspection and will be carried forward to the next care inspection.	Carried forward to next inspection

5	30.7	It is recommended that duty rotas are altered to reflect if a staff member moves shifts from one unit to the other.	<p>A review of the duty rota for week commencing 12 October 2014 evidenced that the movement of staff between units was not clearly identified on the duty rota. This recommendation has not been addressed and has been stated for the second time.</p> <p>A number of omissions on the duty rota were also identified and a further recommendation has been made in relation to the recording of the duty rota.</p>	Not compliant
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5.0 Inspection Focus

5.1 Staffing

The inspector reviewed the duty rosters and discussed staffing levels with the manager. Observation of the morning routine identified that planned staffing levels were insufficient to meet the needs of the patients/residents accommodated. Patients were observed having to wait for long periods of time for their breakfast and a mid-morning snack is not being offered.

Discussion with staff confirmed that a mid-morning snack is not being provided to patients as a result of the delay in breakfast being served and the time of the lunchtime meal.

It was observed that patients were seated in wheelchairs from early morning until after the lunchtime meal. This was discussed with staff who confirmed that as a result of increased patient dependency levels they had insufficient time to transfer patients using a hoist and subsequently patients had to remain in wheelchairs for long periods of time.

The inspector met with a visitor of one patient who raised concerns in relation to the current staffing levels. The visitor identified that the patient they had been visiting had not received breakfast until 10.45am this was not the patient's normal routine at home.

Current staffing levels were discussed with a number of staff. Staff who met with the inspector confirmed that the dependency of patients had recently increased and the impact of this was that current staffing levels were not sufficient to ensure that breakfast for patients was served in a timely manner.

Discussions with the cook and a review of the catering duty rota identified that one cook and one catering assistant are rostered each day to cater for 73 patients/residents. Given the size of the home and the needs of the patients/ residents accommodated which include specialist dietary needs it was identified that the lack of catering staff is having a direct impact on the quality of meals and mealtimes for patients and residents. A requirement has been made.

Following the inspection a review of the staff duty rotas for weeks commencing 12 October 2014 and 19 October 2014 was undertaken. The review identified that on several occasions the numbers and skill mix of staff on duty were below the minimum staffing guidelines recommended by RQIA.

The duty rota for week commencing 12 October 2014 identified that on three mornings two registered nurses and five care assistants were working in the nursing unit. This is a shortfall of one care assistant on three mornings that week. The review also identified that the relevant skill mix, as outlined in the RQIA minimum staffing guidelines, was not being achieved on the morning shifts.

On 12 October 2014 it was identified that only one registered nurse, one care assistant plus a twilight shift were working night duty in the nursing unit. This is a shortfall of one staff nurse and one care assistant. The skill mix of 35% registered nurses hours to 65% care assistants hours had also not been achieved.

The issues identified in relation to staffing levels were concerning to note. RQIA had identified that staffing levels were not meeting the needs of the patients/residents in the home during the previous inspection on 24 March 2014 and a requirement had been made.

These issues were discussed with the manager and the regional care director during feedback and a requirement to address the staffing issues identified has been stated for the second time.

A number of omissions on the duty rota were also identified. Names of staff, identified agencies, the capacity in which staff worked and the times of each shift were not fully recorded. The name of the nurse in charge of the home in the absence of the manager was not recorded and the duty rotas did not always reflect the unit staff were allocated to work in making it difficult to review the deployment of staff throughout the home. RQIA had identified that duty rotas did not always reflect the unit staff were allocated to work in during the previous inspection on 24 March 2014 and a recommendation had been made. A recommendation to address the recording of the duty rotas has been stated for a second time and additional actions have been recommended in relation to the recording on the duty rota.

5.2 Meals and Mealtimes

Nursing Unit

The inspector observed the serving of the breakfast meal in the Knockagh Suite. At 8.30am it was observed that the dining room tables were appropriately set with table cloths, napkins, cutlery, crockery and condiments and the menu was clearly displayed. A trolley had been set up with milk, fresh breakfast juice and yoghurts. It was observed that these items remained on the trolley throughout the morning and were not stored in the fridge.

The cook confirmed during discussion that a heated trolley is brought from the kitchen to the dining room containing porridge, toast and eggs. However, a number of boiled eggs were observed on top of the heated trolley and were getting cold.

It was identified that a number of patients were not being served their breakfast in a timely manner. Some patients who required to be fed were not receiving their breakfast until after 10.30am. A patient who had been seated in the dining room at 08.30am and who required assistance with their meal did not receive their breakfast until after 10.30am. Another patient who receives their breakfast in their bedroom confirmed during discussion that they had been awake from 8.30am and had not received breakfast by 10.30am. This was brought to the attention of staff who immediately attended to the patient.

Staff confirmed during discussion that the dependency of patients had recently increased and the impact of this was that current staffing levels were not sufficient to ensure that breakfast for patients was served in a timely manner.

As discussed previously a visitor raised a concern with the inspector regarding staffing levels and the delay in serving breakfast. The patient they had been visiting had not received breakfast until 10.45am. The visitor informed the inspector that this would be outside of this patient's normal routine.

When a patient who had finished their breakfast requested to leave the dining room they were told by staff to wait. On enquiry staff confirmed that this patient required to be closely observed as they were at risk of falling and in order to provide this level of supervision to this patient they

had to wait until staff were free. However, this was contrary to observation of practice as the dining room was unsupervised at times and on one occasion this patient attempted to tip back his wheelchair.

The inspector observed care staff serving breakfast, setting up trays for patients, clearing tables, and stacking trolleys. The cook confirmed during discussion that that catering staff are unable to be present and assist during breakfast due to insufficient catering staff. Care staff were also observed washing out breakfast bowls and cutlery in the kitchenette for patients to reuse. On enquiry staff confirmed that there was insufficient crockery and cutlery available for use. A requirement has been made.

Rather than being seated as outlined in best practice guidance a member of staff was observed standing beside patients while assisting them with their breakfast. Other staff were observed carrying cereal, juice and cups of tea to patients in their bedrooms without using trays. When trays were used they were not presented well and lacked napkins and saucers. A member of staff was observed handling toast and offering it to a patient without using the tongs available.

RQIA had previously identified shortfalls in the serving of meals and the dining experience during the inspection on 24 March 2014 and a requirement had been made. The inspector was concerned that the dining experience in the nursing unit fell short of best practice as outlined in 'Nutritional guidelines and menu checklist for residential and nursing homes' published by The Public Health Agency. This was discussed with the manager and the regional care director during feedback and a requirement has been stated for the second time and a further requirement has been made.

Residential unit

The dining experience was observed during lunch time. Tables were appropriately set with tablecloths, napkins, cutlery, crockery and condiments. Observation confirmed that meals were served promptly and in a timely manner.

5.3 Competency and Capability

Observation of the care practices during this inspection in the Knockagh Suite evidenced an absence of leadership, direction and supervision of staff. The inspector observed patients having to wait long periods of time for breakfast, a mid morning snack was not offered or served and patients remained seated in wheelchairs for long periods of time. These practices are unacceptable.

Discussion with the manager and a review of competency and capability assessments for nurses left in charge of the home in the absence of the manager confirmed that not all competencies and capability assessments were available for inspection, and not all were fully completed and signed off by the manager confirming staff competency.

RQIA had identified issues in relation to competency and capability of staff in the home during the inspection on 24 March 2014 and a requirement had been made.

This requirement has been stated for a second time.

5.4 Care Practices

Several patients spoken with gave positive comments regarding the care they received. Staff were observed interacting well with patients. However, a number of issues which do not meet with best practice guidance were identified.

Pressure area care

Observations and discussion with staff identified that two patients in the Knockagh Suite who were seated in wheelchairs during breakfast, were not transferred to comfortable chairs. The patients were transported to the lounge and remained seated in their wheelchairs then transported back to the dining room for their lunch time meal before 12.30. A member of staff confirmed during discussion that this practice did not always occur but on the day of inspection there was a lack of time and indicated that it was more beneficial to staff to keep the patients in their wheelchairs. It is not acceptable practice to keep a patient seated in a wheelchair for long periods of time to ease the burden on staff time. This was discussed with the manager and the regional care director and a requirement has been made

Food and fluid intake

As discussed previously patients/residents had not been offered or served a mid-morning snack. Staff confirmed during discussion that this was a frequent occurrence as breakfast is usually not finished until after 11.00am and lunch is served at 12.30pm. This practice is unacceptable as this impacts on the patients/residents daily food and fluid intake and increases the risk of dehydration in the elderly. This was discussed with the manager and the regional care director during feedback and a requirement has been made.

Infection Prevention and Control

The manager had instructed a member of staff to remove a used incontinence product from a patient's bedroom. The inspector observed the member of staff carry the soiled product through a corridor to a bin in the bathroom without wearing gloves. This was immediately brought to the attention of the manager to address and a requirement has been made.

Domestic staff were observed alternating from domestic cleaning duties to setting the tables in the dining room for lunch. The inspector highlighted the risk of cross infection as a result of these alternating duties. The staff member informed the inspector that the domestic staff are expected to set the tables for lunch throughout the entire home. This was discussed with the manager the regional care director and a requirement has been made.

5.5 Review of Care Records

During the inspection staff discussed the category of care and the assessment of needs of the patients/residents within the home. Staff confirmed during discussion that a number of patients/residents care needs were difficult to meet. A review of the patients'/residents' care records evidenced that they may have been placed outside the home's categories of care. This is not acceptable and impacts on both the ability of staff to meet the individual needs of patients/residents and on the other patients/residents living in the home. A requirement has been made to ensure that the home only accommodates residents/patients within the categories of care for which they are registered to provide.

5.6 Staff Induction

The manager confirmed during discussion that all newly appointed staff undergo a period of induction. However, there was no evidence retained to confirm that newly appointed staff had completed a staff induction. This was discussed with the manager and a requirement has been made.

5.7 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised.

It was observed that the fire doors in all four kitchenettes were being wedged open. The practice of wedging/propping open fire doors must cease with immediate effect. This was discussed with the manager and the regional care director and a requirement has been made.

A requirement was also made to address the issue of the seating in the corridors which is restricting access for patients/residents and staff.

A requirement has been stated for the second time to ensure that clean linen, towels and incontinence products are not stored in a sluice area

5.8 Activities

The programme of activities was displayed on the activity board for patients/residents and representatives to view. The inspector observed activities taking place mid-morning in one of the residential units. Discussion with the activity therapist confirmed that a structured activity programme is in place. Records are kept of activities that take place and these records are reviewed regularly. The activity therapist confirmed that they will be attending training in October/November 2014 to develop their role in relation to dementia care. Discussion with the manager identified that although the activity therapist is involved in fund raising for activities the home provide sufficient funding for the provision of activities to meet the needs of the patients and residents in the home.

Conclusion

Areas of concern in relation to staffing levels, competency and capability of staff, meals and meal times, the provision of food and fluids and the assessment of patients/residents needs detailed in the main body of the report were discussed with Ms Norma McAllister, Regional Care Director and Ms Joanne Neville, manager during the feedback at the conclusion of the inspection. An urgent actions letter was issued to the manager in relation to areas of concern for immediate attention.

As a result of the serious issues which were identified during this inspection the matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Mr Logan Logeswaran, responsible individual, Ms Norma McAllister, regional care director and Ms Joanne Neville, manager were invited to attend a meeting at RQIA on 13 November 2014. Mr Emerson Kupfuwa, Director of Operational Services was also in attendance.

During the meeting the issues identified during this inspection were shared with Mr Kupfuwa, Mr Logeswaran, Ms McAllister and Ms Neville, who gave assurances to RQIA that arrangements were being put in place to address the identified issues as a matter of urgency.

At the meeting Ms Neville submitted an action plan. The actions to be taken in order to ensure compliance with legislative requirements and minimum standards were discussed. In addition RQIA will review the quality improvement plan submitted following issue of this inspection report. At this time an assessment in relation to compliance will be made.

Following discussion, RQIA has agreed to give Runwood Homes a period of time in which to address the concerns raised during the inspection. RQIA will continue to monitor the quality of services provided in Carrickfergus Manor and may carry out a follow-up inspection to assess compliance with the legislative requirements and minimum standards.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Norma McAllister, regional care director and Joanne Neville, manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Carrickfergus Manor

20 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Norma McAllister, regional care director and Ms Joanne Neville, manager after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (a)	<p>The registered person must review staffing levels to ensure that the needs of the persons accommodated are met.</p> <p>Ref: Section 5.1</p>	Two	Staffing levels are completed in correspondance with the Rhys Hearn dependency tool and as per RQIA minimum guidelines	Immediate and ongoing
2	20(3)	<p>The registered person must ensure the content of the nurse in charge competency and capability assessment is reviewed to ensure a more robust/clear record of the areas covered and assessed as competent is in place.</p> <p>In addition, the registered manager needs to record and sign a statement of competence following completion of the assessment for all nurses left in charge of the building in the absence of the manager.</p> <p>Ref: Section 5.3</p>	Two	<p>All competencies and capabilities are completed and in place prior to a staff nurse being left in charge of the building.</p> <p>All competencies are kept in the manager's office in staff files.</p> <p>List in place in nurse-in-charge folder on the nursing unit of staff who are competent to take charge.</p>	Immediate and ongoing

3	13 (1)	<p>The registered person must ensure that the serving of meals and the mealtime experience for patients and residents is reviewed to ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • meals must be served hot • nursing and care staff must be present to provide assistance to patients with eating and drinking and to monitor those patients at risk of choking • serving of food by catering staff must be considered as care staff are required to provide care <p>Ref: Section 5.2</p>	Two	<p>Following the inspection breakfast is now served at 8.30am. Breakfasts are served from the heated baine maries and food is dished out only when resident is ready to have the meal. Dining rooms are supervised from 8.30am ensuring residents are not left unsupervised. Mealtime Audits are carried out weekly and action taken where shortfalls are identified. Catering staff hours have been increased to enable them to assist and serve at lunch and tea time in the nursing suite.</p>	Immediate and ongoing
4	13(1)	<p>The registered person must ensure that clean linen and towels are not stored in the sluice areas.</p> <p>Ref: Section 5.7</p>	Two	<p>Clean linen and towels are not stored in sluice rooms anymore. Floor audits carried out daily. The two out of action sluice rooms used as stores will be converted into bathrooms.</p>	Immediate and ongoing
5	20 (1)	<p>The registered person must review catering staffing levels to ensure that the needs of the persons accommodated are met.</p> <p>Ref: Section 5.1</p>	One	<p>Following inspection the cooks hours have been reviewed. They now start at 7.30am which means breakfast can be served earlier. Kitchen assistant hours have been changed to start at 8am instead of 9.30am to assist in the preparation of early serving of breakfast.</p>	Immediate and ongoing

6	13 (1)	<p>The registered person must promote and make proper provision for the health and welfare of patients and residents and to make proper provision for the nursing and where appropriate, treatment and supervision of patients and residents in relation to</p> <ul style="list-style-type: none"> • meals and mealtimes • pressure relief <p>Ref: Section 5.2 and 5.4</p>	One	<p>Staff member either staff nurse or care assistant are now present in the dining room at all times while residents are eating.</p> <p>Resident's are now transferred to comfortable chairs immediately after meals. Training session for tissue viability and wound care is planned for 10th December for all levels of staff.</p>	Immediate and ongoing
7	15 (1) (2)	<p>The registered person must ensure that the home only accommodates patients/residents within the category of care for which the home is registered.</p> <p>Ref: Section 5.5</p>	One	<p>All residents are admitted following a pre assessment carried out by the nurse manager or deputy. If there are any changes in residents condition following admission this is immediately reported to the care manager and a care review is planned to re assess.</p>	Immediate and ongoing
8	12 (4) (a)	<p>The registered person shall ensure that food and fluids are provided in adequate quantities and at appropriate intervals.</p> <p>Ref: Section: 5.4</p>	One	<p>All residents are offered mid morning tea, afternoon tea and supper over and beyond their meals. Jugs of juice are placed in the dining room and in any residents room where they do not wish to leave their room. Staff leave fresh glasses of water in each residents room after tea.</p>	Immediate and ongoing
9	19 (2)	<p>The registered person shall ensure that</p>	One	<p>All induction books are kept</p>	By 30

		records of induction are at all times available for inspection in the home. Ref: Section 5.6		within the home for all new staff. Induction matrix is now in place.	November 2014
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10	13 (7)	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>Ref: Section 5.4</p>	One	<p>All staff are aware of infection control and measures that need to be in place to minimise the risk. This is covered during mandatory training on a yearly basis and more often if necessary. Infection control audits are carried out monthly. Practice is monitored daily to ensure that standards are maintained.</p>	Immediate and ongoing
11	18 (1) (g)	<p>The registered person must provide sufficient crockery and cutlery.</p> <p>Ref: Section 5.2</p>	One	<p>Kitchen assistants ensure that there is sufficient crockery and cutlery on each unit prior to the serving of meals. Replacements are ordered as required.</p>	By 30 November 2014
12	27	<p>The registered person must ensure that the practice of wedging/propping open fire doors in all four kitchenettes must cease with immediate effect.</p> <p>Ref: Section 5.7</p>	One	<p>Fire doors into kitchenettes are not kept open at any time. This has been reinforced with the staff and will be closely monitored.</p>	Immediate and ongoing
13	14 (2) (a)	<p>The registered person must ensure the seating in the corridors which is restricting access for patients/residents and staff is removed and corridors are kept free from hazards.</p> <p>Ref: Section 5.7</p>	One	<p>Seating has been moved so that it is not restricting access for the staff and residents.</p>	Immediate and ongoing

14	14 (4)	It is required that the registered person shall ensure that all staff receive training on safeguarding of vulnerable adults in accordance with DHSSPS minimum standards for nursing homes	One	Action not inspected	To be reviewed at the next care inspection
15	20 (1)	It is required that the registered person shall ensure that all staff employed by the nursing home receive mandatory training and other training appropriate to the work they are to perform.	One	Action not inspected	To be reviewed at the next care inspection
16	19(2) schedule 4(21)	<p>It is required that training records are maintained in accordance with this requirement and with DHSSPS minimum standards for nursing homes.</p> <p>For example: training analysis assessment, training planner for the calendar year, attendance signatures, content of training delivered and evaluation of effectiveness of training delivered.</p>	One	Action not inspected	To be reviewed at the next care inspection

17	12 (1) (a) and (b)	<p>It is required that staff are provided with training, commensurate with their role and function, in relation to:</p> <ul style="list-style-type: none"> • human rights legislation in relation to restraint and seclusion; • deprivation of liberty interim guidance (DHSSPSNI) March 2010; • recording of best interests decisions; • evidencing assessment, evaluation and monitoring of any form of prescribed restraint. 	One	Action not inspected	To be reviewed at the next care inspection
18	12 (1)	It is required that care plans are reflective of the assessed needs of the patient and reflect current best practice.	One	Action not inspected	To be reviewed at the next care inspection

19	16	<p>It is required that following a nursing assessment of need that care plans are developed to provide direction for staff on how to manage and deliver care to meet the patient's identified needs</p> <p>Care plans must reflect the assessed needs of patients and the delivery of care required to meet those needs.</p> <p>Care plans must be developed in a timely manner in accordance with the homes' procedures, professional and minimum standards.</p> <p>Care plans should be developed in consultation with the patient and/or their representative as appropriate.</p>	One	Action not inspected	To be reviewed at the next care inspection
20	13 (1)	It is required that the home manager must establish a process to ensure oversight of the incidences of wounds in the home, their status, and type.	One	Action not inspected	To be reviewed at the next care inspection
21	30	It is required that any deficit in planned staffing levels that cannot be 'covered' is notified to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.	One	Action not inspected	To be reviewed at the next care inspection

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.7	The registered manager must ensure the duty rotas are altered to reflect if a staff member moves shifts from one unit to another Ref: Section 5.1	Two	If a staff member moves from one unit to another to meet the needs of the skill mix and needs of the residents this is reflected on the rota.	By 30 November 2014
2	30	The registered manager must ensure that the duty rotas clearly identify the following: <ul style="list-style-type: none"> • name of staff member • capacity in which they are working • name of the agency used • start and finish time of hours worked • the registered nurse in charge of the home Ref: Section 5.1	One	Duty rotas have been reassessed and new ones have been implemented. Names of agency staff used will be documented clearly on the rota and the agency that they are from. All staff names and their working hours are documented on the rota. The staff nurse in charge of the building is marked with * and is also documented on the 24hr nurse call rota. Rotas are to be made legible.	By 30 November 2014
3	20.5	It is recommended that patients/residents and their representatives are made aware of the availability of the report, if requested. For example, putting a notice on the	One	Action not inspected	To be reviewed at the next care inspection

		relatives' notice board advising of the availability of the report			
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4	25.13	It is recommended that when the home's annual report is completed that a copy is forwarded to RQIA.	One	Action not inspected	To be reviewed at the next care inspection
5	16.2	It is recommended that the induction record confirms when the staff member receives the safeguarding training, as well as the discussion with their inductor.	One	Action not inspected	To be reviewed at the next care inspection
6	26	It is recommended that policies and procedures are reviewed on a regular basis to ensure they are in accordance with evidenced based practice and best practice as defined by professional and national standard setting bodies.	One	Action not inspected	To be reviewed at the next care inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	J Neville
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan N Logeswaran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Norma Munn	27 November 2014
Further information requested from provider			