

Unannounced Follow Up Care Inspection Report 21 March 2019



Carrickfergus Manor

Type of Service: Nursing Home (NH)
**Address: 76 Dunluskin Gardens, Prince Andrew Way,
Carrickfergus, BT38 7JA**
Tel No: 028 9336 9780
Inspector: Julie Palmer

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 47 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Joanne Neville
Person in charge at the time of inspection: Kerri Wright - Deputy Manager	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.	Number of registered places: 47 There shall be a maximum of one named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 09.30 hours to 15.40 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues identified for improvement at the previous care inspection on 20 June 2018.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- meals and mealtimes.

Patients said:

- "It's grand."
- "They look after me well."

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Kerri Wright, deputy manager, and Julie Beacom, a supporting manager from another home in the group, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 20 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

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.

During the inspection the inspector met with nine patients, seven patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients' questionnaires and ten patients' relatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the hallway.

The following records were examined during the inspection:

- duty rota from 11 March to 24 March 2019
- incident/accident records from June 2018
- a sample of governance audits
- five patient care records and supplemental care charts
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: First time	The registered person shall ensure that registered nurses monitor patients' neurological observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; National Institute for Health and Care Excellence (NICE) post falls management guidance.	Met
	Action taken as confirmed during the inspection: Review of care records and discussion with registered nurses evidenced that patients' neurological observations were monitored in accordance with best practice in the event of a head injury and this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system to ensure infection prevention and control compliance must be developed.	Met

	Action taken as confirmed during the inspection: Review of the environment and infection prevention and control audits evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 12 (1) (a)(b) Stated: First time	The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. Action taken as confirmed during the inspection: Review of care records and discussion with registered nurses evidenced that this area for improvement has been met.	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staffing arrangements in the home are reviewed to ensure that patients' needs are met in a timely manner. Action taken as confirmed during the inspection: Discussion with the manager, observation of the daily routine and staff deployment and review of the duty rota evidenced that this area for improvement has been met.	Met
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that patients' mealtime experience is enhanced by reviewing the availability of condiments and the use of plastic drinking glasses during mealtimes. Action taken as confirmed during the inspection: Review of the mealtime experience and discussion with the manager evidenced that this area for improvement has been met.	Met

6.3 Inspection findings

6.3.1 Staffing Arrangements

We reviewed the duty rotas from 11 March to 24 March 2019. Staffing levels were maintained as planned and the care delivered by the number and skill mix of staff of duty was observed to safely and effectively meet the needs of patients. Staff were observed to attend to patients' needs in a caring and timely manner.

Discussion with the manager evidenced that processes were in place to ensure staffing levels and staff deployment met the needs of patients and that this was regularly reviewed. The manager confirmed that, as there were two staff nurse vacancies, recruitment was underway and agency staff were used if required to ensure patients' assessed needs were met.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of patients. Staff said that on occasions staffing levels were affected by short notice leave but this happened infrequently and shifts were 'covered'. A member of staff commented "the work is heavy but we get there". Staff stated there was effective teamwork and communication within the home; they demonstrated knowledge of their role, function and responsibilities.

We also sought staff opinion on staffing levels via the online survey; no responses were returned.

Patients spoken with indicated they were well looked after by the staff and felt safe and happy living in Carrickfergus Manor, comments included:

- "Staff are helpful."
- "Some staff are better than others but it's alright here."

Patients' relatives spoken with were generally satisfied there were sufficient staff on duty to meet the needs of patients although one relative did voice a concern that there may not be enough staff at times. Comments included:

- "Nurses and staff appear under pressure at times but care is very good, not compromised."
- "Staff generally caring and nice."
- "Not too bad, could be worse."
- "Staff are great, attentive and caring."

We also sought patient and patients' relatives' opinions on staffing via questionnaires; no responses were returned.

We spoke to the activity coordinator on duty who confirmed a range of weekly activities were on offer for patients, for example, a knitting club, armchair aerobics and a men's group. A monthly outing for coffee was also arranged. Patients were regularly consulted on which activities they would enjoy and had recently requested a potting shed. Upcoming events being planned include a sports day and trips out to local beauty spots.

The activity coordinator also confirmed intergenerational activities were arranged with a local community support group and that the patients and young people involved in this thoroughly enjoyed the experience. The activity coordinator was enthusiastic and keen to arrange suitable, stimulating and interesting activities for patients; she commented that she could not do this without help from the home 'ambassador'. The home 'ambassador' was the son of a current patient; in this role he provided assistance with volunteering, fundraising and reaching out to the local community. The activity coordinator also commented that staff were very involved and "are brilliant at helping out with activities on a voluntary basis."

Patients and patients' relatives spoken with were satisfied with the range of activities offered; one relative commented "mum responds really well to the activity girls, I wish they were here more hours in the week."

6.3.2 The Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, dining rooms, lounges, storage areas and sluices. The home was found to be warm, well decorated, fresh smelling and clean throughout. Bedrooms were personalised with belongings that were meaningful to the individual patients. Fire exits and corridors were observed to be clear of obstruction. Isolated environmental issues brought to the attention of the manager were resolved on the day of inspection.

Storage areas and sluices were clean and tidy; equipment, such as hoists and wheelchairs, was observed to be clean, in good condition and stored appropriately. Personal protective equipment (PPE) was readily available and PPE stations were well stocked.

The home had been decorated in a manner that was meaningful for patients and would promote orientation; there were notice boards displaying photographs from a recent party, pleasant pictures on the walls, appropriate signage, clocks and prompts for the date. Lounges were well equipped with TV's, cd players, magazines and puzzle books.

Patients, patients' relatives and staff were complimentary in respect of the home's environment. The manager confirmed new flooring had recently been laid in the Lough View lounge. The 'Albert Arms' was a pleasant sports bar styled area which had been created for the use of patients.

We observed that areas identified for improvement at the previous care inspection, in order to minimise the risk and spread of infection, had been appropriately improved or replaced. Discussion with the manager confirmed a daily walk around was carried out by an identified nurse to monitor compliance with infection prevention and control (IPC) measures and IPC audits were completed in line with the home's audit schedule.

6.3.3 Care Records

We reviewed five patient care records and supplemental care charts in relation to wound care and post falls management. Validated risk assessments were completed and care plans were in place to direct the care required and reflected the assessed needs of the patients. A daily record was maintained to evidence the delivery of care.

Review of care records for wound management and discussion with staff evidenced that record keeping was maintained appropriately and was contemporaneous. There was evidence of referral to other healthcare professionals, such as the tissue viability nurse (TVN), dietician or General Practitioner (GP), if required and care plans were reflective of advice from these healthcare professionals where necessary.

Review of care records for post falls management and discussion with staff evidenced that where a head injury, or potential head injury, had occurred a post falls pathway was followed and neurological observations were completed for a 24 hour period post fall in accordance with best practice guidance. Risk assessments and care plans were updated post fall. Review of incident/accident records evidenced RQIA had been notified, if necessary, in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

6.3.4 Meals and Mealtimes

The serving of lunch was observed in the Knockagh dining room. Staff were observed assisting patients to the dining room or serving them trays in their rooms if they preferred. The menu was displayed in pictorial and written form on tables and also on a notice board. The choice of food on offer matched the menus on display and alternatives were available if requested. Condiments were available on the tables. Staff offered patients a selection of drinks during the meal.

The food served appeared to be appetising and nutritious, modified meals were well presented. Staff were observed to assist patients appropriately, if required, and demonstrated knowledge of patients likes and dislikes. A registered nurse was overseeing the mealtime which was a calm and unhurried experience for patients; staff were observed to be caring, helpful and engaged in their role.

Patients spoken with were generally satisfied with the food on offer and commented that the chef regularly sought their opinions on menus and was very responsive to individual requests and dietary needs. One patient commented that the "food is a bit dull"; this comment was brought to the attention of the manager.

We observed that patients were drinking from plastic glasses in the dining room; this had been identified as an area for improvement at the previous care inspection. Discussion with the manager confirmed toughened glass drinking glasses had been trialled following the previous inspection but patients consulted with had found these too heavy and had indicated they preferred to continue to use lighter plastic glasses as these enabled them to maintain their independence. Discussion with staff confirmed glasses were available for patients who preferred them. Discussion with patients confirmed they had a choice of drinking vessels; one patient commented she preferred to use a 'proper' glass and also a china mug and staff were happy to oblige her preferences.

Areas of good practice

Areas of good practice were observed in relation to staffing arrangements, the environment, record keeping and treating patients with dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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