

Unannounced Follow Up Care Inspection Report 4 April 2018



Apple Mews

Type of Service: Nursing Home (NH)
Address: 95 Cathedral Road, Armagh, BT61 8AB
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Inspector: Sharon Loane

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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 care for up to 30 persons. There were 24 patients in residence at the time of inspection.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Mrs Nicola Cooper	Registered Manager: See box below
Person in charge at the time of inspection: Debby Gibson – deputy manager	Date manager registered: Debbie Carey –Manager- No application received
Categories of care: Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years.	Number of registered places: 30 comprising: A maximum of 6 patients to be accommodated in each of the 5 bungalows.

4.0 Inspection summary

An unannounced inspection took place on 4 April 2018 from 10.30 to 16.30 hours.

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement made during the previous care inspection on 01 February 2018, to assess the homes level of compliance with legislative requirements and the DHSSP's Care Standards for Nursing Homes and to determine if the home was delivery safe, effective and compassionate care and if the service was led.

A review of records, discussion with the deputy manager, staff and observations of care delivery evidenced that compliance had been achieved across the majority of areas examined. One area for improvement under regulation was not reviewed at this inspection and has been carried forward. Another area for improvement under regulation was partially met and has been stated for a second time to ensure full compliance.

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 findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	0

*The total number of areas for improvement outlined above includes; two areas for improvement under regulation, one which has been carried forward until the next inspection and one stated for the second time.

This inspection resulted in no new areas for improvement being identified.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caron McKay, Quality Improvement Lead and Debby Gibson, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 01 February 2018. Following this inspection a serious concerns meeting was held to discuss concerns regarding the monitoring and governance arrangements; health and welfare of patients; staffing arrangements; recruitment and the fitness of premises. The findings of the current inspection confirmed that issues raised during this meeting had been satisfactorily addressed.

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the action plan submitted in response to the inspection undertaken 01 February 2018

During the inspection we observed all patients and spoke with two patients individually. One patient's representative was also spoken with. Staff on duty were spoken with individually and also in small groups. These included; registered nurses, support workers, kitchen staff, and maintenance and administration staff.

The following records were examined during the inspection:

- validation evidence linked to the previous care inspection (QIP)
- recruitment records for two staff members
- induction records to include agency staff
- competency and capability assessments for nurse in charge
- training records
- complaints records
- records confirming registration of nurses with the Nursing and Midwifery Council (NMC)
- three care records including repositioning and food and fluid intake charts
- monthly monitoring reports 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 01 February 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 01 February 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
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Records should be available for inspection.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>A review of personnel files for two staff members recruited since the last care inspection was undertaken. This review confirmed that records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing employment.</p> <p>This area for improvement has been met.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff including agency receive a structured induction in regards to their roles and responsibilities; records must be retained and available for inspection.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of completed induction records for staff to include agency staff evidenced that they had received a structured orientation and induction to the home. Records reviewed for agency staff confirmed that an induction was completed for their initial shift.</p> <p>This area for improvement has been met.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that competency and capability assessments are completed and updated, for any nurse who is given the responsibility of being in charge of the home for any period of time in the manager's absence. Records should be retained and available for inspection.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of completed records evidenced that competency and capability assessments had been completed for all registered nurses who are given the responsibility of being in charge of the home in the absence of the manager.</p> <p>This area for improvement has been met.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are provided with training in relation to their roles and responsibilities in the following areas but not limited to:</p> <ul style="list-style-type: none"> • adult safeguarding • safe moving and handling • fire safety <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that the majority of staff had received training in adult safeguarding. Discussions held with staff demonstrated that they were knowledgeable in this regard.</p> <p>Since the last inspection, a number of staff had completed training in both safe moving and handling and fire safety. However, a number of staff had still to complete same. Arrangements were in place for staff to attend scheduled training in these areas and the deputy manager advised that additional training sessions were being organised to ensure compliance.</p> <p>Post inspection, an email correspondence received by RQIA indicated that these training sessions have been organised.</p> <p>However this area for improvement has been stated for a second time and will be reviewed at a subsequent inspection to ensure that staff have attended the training provided and that the learning has been embedded into practice.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)(c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a written record is kept of the administration of <u>any</u> medicine to a patient.</p> <p>Action taken as confirmed during the inspection:</p> <p>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.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (a) (b)(C)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • The premises are kept in a good state of repair externally and internally. • Equipment provided should be in good working order and maintained appropriately. • All parts of the home should be kept clean and reasonably decorated. <p>Action taken as confirmed during the inspection:</p> <p>Discussions held with management and staff, a review of monthly monitoring reports and observations of the environment confirmed that appropriate actions had been taken or were in working progress to ensure that this area for improvement had been met.</p> <p>All areas of the premises both internally and externally were examined and found to be in good state of repair. A discussion with the maintenance man demonstrated that systems were in place to manage and address any maintenance issues.</p> <p>Issues identified at the last care inspection in regards to faulty/broken equipment had either been repaired or arrangements were in place to address same.</p> <p>All areas of the home reviewed were cleaned to a satisfactory standard and there was no evidence of items being stored inappropriately in bathrooms.</p> <p>This area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust governance/management arrangements are developed, implemented and maintained to assure the safe and effective delivery of care to patients and other services provided in the home.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A review of information evidenced that a suite of auditing systems had been developed and implemented since the last care inspection. A number of audits had been undertaken, these included; recruitment; training; environmental audits, care plans and accident and incidents. Where shortfalls had been identified, an action plan had been developed and although evidence was available that these actions had been reviewed this was not consistent across all areas. The importance of this process was discussed with the management team to ensure the cycle of quality improvement.</p> <p>This area for improvement was met.</p>	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that systems and processes are in place for adult safeguarding which are consistent with the Department's policy and procedure. Records should be maintained and available for inspection.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A discussion with the deputy manager and a review of information confirmed that the majority of staff had completed training in Adult Safeguarding since the last inspection. Records of adult safeguarding issues were maintained appropriately. Staff demonstrated an understanding of their roles and responsibilities in relation to this area of practice.</p> <p>This area for improvement was met.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 16 Criteria 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complaints; the result of any investigations; the action taken; whether or not the complainant were satisfied with the outcome; and how this level of satisfaction was determined.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>A review of information evidenced that the systems in place for dealing with complaints were in accordance with the criteria outlined in the Care Standards for Nursing Homes, 2015.</p> <p>However, a review of the complaints procedure identified that this did not accurately reflect best practice guidelines. It was agreed that this would be reviewed and forwarded to RQIA post inspection. We can confirm that this information has been received and reviewed.</p> <p>This area for improvement was met.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 35 Criteria 17</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that systems and processes are in place to ensure that urgent communications; safety alerts and notices, standards and good practice guidance are made available to key staff in a timely manner.</p> <p>Action taken as confirmed during the inspection:</p> <p>A discussion with management and a review of information evidenced that systems had been developed and implemented to manage this information.</p> <p>This area for improvement was met.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 46 Criteria 2</p> <p>Stated: First time</p>	<p>The registered person shall review the current arrangements in place for infection prevention and control within the home, with specific focus on environmental cleanliness. This should include a review of the staffing arrangements in place to ensure adequate provision is available to maintain a satisfactory standard of cleanliness.</p>	Met

	<p>Action taken as confirmed during the inspection: A discussion with staff, a review of information and observations made at the time of this inspection confirmed that this area for improvement had been met.</p> <p>All five bungalows were examined and found to be cleaned to a satisfactory standard. A review of the staff duty rota for the week of the inspection evidenced that staff were rostered for shifts for the week.</p> <p>The deputy manager advised that arrangements were place to recruit a housekeeper to oversee the cleanliness of the environment.</p> <p>This area for improvement was met.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 39 Criteria 8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system is maintained to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC)</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) requirements. All registered nurses on the staff duty rota for the week of the inspection were on the live register.</p> <p>This area for improvement was met.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training as defined by the home.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>A discussion with the deputy manager and a review of information evidenced that an audit of training had been undertaken to review staffs compliance with mandatory training requirements. Since the last care inspection, training had been provided for staff in regards to: Adult safeguarding, safe moving and handling and fire safety. Management advised that further training sessions were being organised across all areas to ensure compliance. Appropriate actions were being taken against staff who failed to attend.</p> <p>This area for improvement was met.</p>	
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6.3 Inspection findings

6.3.1 Consultation with patients, their representatives and staff

During the inspection, we observed the majority of patients and spoke with two patients on an individual basis. Observations evidenced that patients were afforded choice, privacy and dignity and respect. Appropriate levels of supervision were provided in accordance with patients identified needs and plans of care. Staff demonstrated an understanding and knowledge of patients' wishes, preferences and assessed needs.

Staff spoken with confirmed that they were happy working in the home, they confirmed they had access to training and management and were satisfied that they were supported to deliver effective care. A poster was issued for display in the staff area to enable staff to provide feedback via an online survey. No responses were received prior to the issue of this report.

Comments received from one patient's representatives were positive. They spoke positively about the standard of care received by their loved one and the caring attitude of the staff. They were also satisfied that any concerns /issues raised were dealt with effectively. No concerns were raised.

6.3.2 Management and governance arrangements

Since the last care inspection, the home have recently appointed a new person for the position of registered manager. No application has yet been received by RQIA in relation to this appointment. The newly appointed manager was not available at the time of this inspection. However, staff on duty commented positively regarding the new management structure and expressed confidence in the new management team. Staff reported that they were well supported in their role and that management were approachable.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. The deputy manager advised that they felt supported in their role and that since the last inspection, roles and responsibilities had been defined.

As previously discussed the governance arrangements to assure the quality of care and other services provided had been further developed and were now more robust. The importance of assuring that actions had been completed to assure the cycle of quality improvement was discussed with the management team. This area of practice will be monitored at subsequent inspections to ensure that the improvements made are sustained.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caron McKay, Quality Improvement Lead Northern Ireland and Debby Gibson, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4)(c) Stated: First time	<p>The registered person shall ensure that a written record is kept of the administration of <u>any</u> medicine to a patient.</p> <p>Ref: Section 6.2</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and will be carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: Second time To be completed by: 30 June 2018	<p>The registered person shall ensure that staff are provided with training in relation to their roles and responsibilities in the following areas but not limited to:</p> <ul style="list-style-type: none"> • adult safeguarding • safe moving and handling • fire safety <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: There is a training matrix in place for each bungalow and this identifies any training gaps which then can be addressed. All training is planned in advance and a central record is held electronically and in the managers office.</p>

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



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