



# Unannounced Enforcement Care Inspection Report 15 July 2019



## Springlawn Nursing Home

Type of Service: Nursing Home (NH)  
Address: 44 Old Dromore Road, Omagh, BT78 1RB  
Tel No: 02882244550  
Inspector: Michael Lavelle

[www.rqia.org.uk](http://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 registered nursing home which is registered to provide nursing care and residential care for up to 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Springlawn House Limited  <b>Responsible Individual(s):</b> Linda Florence Beckett	<b>Registered Manager:</b> Sharon Margaret Colhoun
<b>Person in charge at the time of inspection:</b> Sharon Margaret Colhoun	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 40  A maximum of 2 patients in category NH-LD(E) and a maximum of 2 patients in category NH-PH. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 15 July 2019 from 10.10 hours to 15.35 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 the level of compliance achieved in relation to two Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of patients and the governance and management arrangements in the home. The date of compliance with the notices was 13 July 2019.

The following FTC Notices were issued by RQIA:

**FTC ref: FTC000043 issued on 14 May 2019**

**FTC ref: FTC000044 issued on 14 May 2019**

Evidence was available to validate compliance with the Failure to Comply Notices.

We identified one new area for improvement in relation to maintaining skin integrity.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*5	*7

\*The total number of areas for improvement include 11 which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Colhoun, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- duty rota for all staff for July 2019
- four patient care records
- one staff recruitment and induction file
- incident and accident records
- a selection patient care charts including personal care charts, fluid intake charts and reposition charts
- staff training records
- a sample of governance audits/records
- a sample of reports of visits by the registered provider.

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

The findings of the inspection were provided to 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 4 June 2019

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 2 May 2019

This inspection focused solely on the actions contained within the Failure to Comply Notices on 14 May 2019. Two areas for improvement from the last care inspection on 2 May 2019 were reviewed as part of the inspection and are met. The remaining areas for improvement have been carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

## 6.3 Inspection findings

**FTC Ref: FTC000043**

### **Notice of failure to comply with Regulation 13 (1) (a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005**

**13.-**

*(1)The registered person shall ensure that the nursing home is conducted so as –  
 (a) to promote and make proper provision for the nursing, health and welfare of patients;  
 (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients*

In relation to this notice the following seven actions were required to comply with this regulation.

- the registered person must ensure that staff are provided with training relevant to their role and responsibilities in relation to the completion and management of patient care records
- the registered person must ensure all patients have up to date and individualised care plans in place to direct staff in the delivery of care
- the registered person must ensure that patient care records reflect the specific recommendations of the multidisciplinary team
- the registered person must ensure that care records are reviewed and evaluated regularly in accordance with regulations
- the registered person must ensure a record is kept of all food and drink consumed where a patient's care plan identifies an associated risk

- the registered person must ensure sufficiently robust audit and governance systems are in place to quality assure patient care records
- the registered person must ensure the patient dining experience is reviewed with regards to the quality of cutlery, crockery, glassware and condiments.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

Through review of records, observations of staff practice and discussion with staff and the registered manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

Discussion with staff and review of training records evidenced staff had received training in relation to the completion and management of patient care records. Review of four patient care records evidenced they had all been recently reviewed and evaluated. They all contained a nursing assessment and a selection of individualised care plans specific to the needs of each patient. The care records reflected recommendations from the multidisciplinary team as required and these were evident in the patient's plan of care. Review of a recent fall evidenced that it was managed in keeping with best practice guidance. This had been identified as an area for improvement at the care inspection of 2 May 2019 and is now met.

Review of care plan audits evidenced a robust system was in place. Audits identified deficits and generated an associated action plan. These in turn were discussed and actioned by named nurses with oversight from the registered manager.

Discussion with staff and review of the dining room confirmed new place mats, glassware, crockery and cutlery has been purchased. The dining room was clean and tidy and tables had been recently refurbished. Staff confirmed that smaller tables have been ordered to meet the needs of the patients at mealtimes.

**FTC Ref: FTC000044**

### **Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005**

**10.-**

*(1) The registered provider and the registered manager shall, having regards to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry out or manage the*

In relation to this notice the following four actions were required to comply with this regulation.

- The responsible individual must ensure that the registered manager establishes, implements and sustains robust quality monitoring and governance systems in relation to care records, falls, accidents and incidents, wounds, restrictive practice, infection prevention and control/environment and complaints.
- The registered person must ensure the registered manager has sufficient management hours to ensure effective quality monitoring and governance systems are implemented and maintained.

- The responsible individual must ensure that recruitment processes comply with legislative requirements and DHSSPS guidance.
- The responsible individual must ensure that a copy of the monthly monitoring reports are submitted on a monthly basis to RQIA, no later than three days after the last day of the month.

Evidence was available to validate compliance with this Failure to Comply Notice, as detailed below.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included care records, falls, accidents and incidents, infection prevention and control/environment and complaints. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required.

The registered manager confirmed there was only one wound in the home at present and that restrictive practices are audited as part of the wider care record audit.

Review of accident and incidents evidenced the use of an un-numbered hard back book to record in. We advised the manager to consult with the responsible individual and/or their legal advisor for the home regarding the recording of accidents/incidents and suggested the use of a bound pre-printed book with carbon copies would be more robust.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. They confirmed they were working exclusively management hours and arrangements were in place to cover any shortage in nursing hours.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work in the patients in the home. Review of the recruitment file and discussion with the registered manager evidenced that gaps in employment had been explored but not recorded appropriately. We reminded the registered manager to ensure they explore and record the reason for all gaps in employees' employment history.

Copies of the monthly monitoring reports were submitted to RQIA on a monthly basis as requested.

## **Additional areas inspected**

### **Monthly monitoring**

We reviewed the quality monitoring visits completed on a monthly basis on behalf of the responsible individual. These were in accordance with the relevant regulations and standards. We commended the home on the quality and robustness of these reports. Completion of these reports had been identified as an area for improvement at the care inspection of 2 May 2019; this is now met.

## Repositioning and skin checks

We reviewed the management of skin integrity. Examination of records confirmed all patients had their skin checked twice daily. Patients identified at risk of developing pressure damage were repositioned regularly for comfort although staff did not review or record the condition of the patients' skin at this time. This was discussed with the registered manager and an area for improvement under the regulations.

### Areas for improvement

One new area for improvement under the regulations was identified in relation to maintaining skin integrity.

	Regulations	Standards
Number of areas for improvement	1	0

## 6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Also included in the QIP are areas for improvement carried forward from the last care inspection on 2 May 2019. Details of the QIP were discussed with Sharon Colhoun, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (10)  <b>Stated:</b> Second time  <b>To be completed by:</b> 02 June 2019	<p>The registered person shall ensure that a record of the furniture and personal possessions brought by each service user into their rooms is maintained.</p> <p><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 2 June 2019	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to:</p> <ul style="list-style-type: none"> <li>• ensuring appropriate training and management of chemicals used for environmental cleaning</li> <li>• ensuring a robust environmental cleaning and equipment cleaning schedule is in place and adhered to</li> <li>• ensuring all equipment used for environmental cleaning is colour coded in keeping with the national colour coding scheme.</li> </ul> <p><b>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.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that thickening agents are securely stored within the home and the treatment room door is locked at all times.</p> <p><b>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.</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 3 (1) (c) Schedule 1, 19</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> by 02 June 2019</p>	<p>The registered person shall ensure that the statement of purpose for the home is updated to reflect ;</p> <ul style="list-style-type: none"> <li>• the use of CCTV in the home</li> <li>• a copy of the updated statement of purpose must be forwarded to RQIA with the return of the QIP</li> </ul> <p><b>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.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.</p> <p><b>Response by registered person detailing the actions taken:</b> Careplans will identify any patients at risk and will give clear guidance to all staff. Care assistant records have been reviewed and are in keeping with care directed by nursing care plans. Care records now comment on skin integrity on turns and toileting rounds.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 May 2019</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 May 2019</p>	<p>The registered person shall ensure that records made on behalf of residents are legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 14.25</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 May 2019 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>The registered person shall ensure that staff meetings for all staff take place on a regular basis, at a minimum quarterly.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 6.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure patient's rights to privacy and dignity are upheld at all times.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the duty rota clearly identifies the first and last name of all staff working in the home and clearly identify the name of the nurse in charge of the home on each shift. The registered manager's hours should be included on the duty rota and identify either management duty or working as lead nurse.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 June 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

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



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care