



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Springlawn (1213)
Date of Inspection: 07 January 2015
Inspector's Name: Heather Moore
Inspection ID: IN016533

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

| | |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Name of Home: | Springlawn |
| Address: | 44 Old Dromore Road Omagh BT78 1RB |
| Telephone Number: | 028 8224 4550 |
| E mail Address: | springlawn@hotmail.com |
| Registered Organisation/ Registered Provider: | Mrs Bernadette Kiernan O'Donnell |
| Registered Manager: | Mrs Sharon Colhoun |
| Person in Charge of the Home at the Time of Inspection: | Mr Michael Briones, Registered Nurse |
| Categories of Care: | NH-I, NH - PH, NH - PH (E), RC-I, RC-PH, NH-LD(E) 2 designated persons |
| Number of Registered Places: | 40 |
| Number of Patients and Residents Accommodated on Day of Inspection: | 32 5 Residents 27 Patients |
| Scale of Charges (per week): | £581.00 - £624.00 |
| Date and Type of Previous Inspection: | 30 September 2014 Unannounced Primary |
| Date and Time of Inspection: | 07 January 2015: 8.40am to 12.40 pm |
| Name of Lead Inspector: | Heather Moore |

2.0 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.

3.0 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.

4.0 METHODS / PROCESS

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

- Discussion with the registered nurse in charge
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Focus

During the course of the inspection, the inspector spoke with:

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|------------------------|-----------|
| Patients/Residents | 10 |
| Staff | 8 |
| Relatives | 0 |
| Visiting Professionals | 0 |

6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

7.0 Profile of Service

Springlawn is situated in its own tastefully landscaped and well maintained grounds in a quiet and private residential setting, on the outskirts of Omagh in County Tyrone.

The home is divided into two units, a general nursing unit and a residential unit known as "Windymount", which share a main kitchen, laundry, staff accommodation and offices. The general nursing unit comprises of 29 single bedrooms, two double bedrooms, a dining room, a choice of three sitting rooms and toilet/washing facilities.

Windymount comprises of seven single bedrooms, a main sitting room, a kitchenette and toilet/washing facilities.

The home is a two-storey building with access to the first floor via a lift and stairs. There are car parking facilities at the back of the home.

The home is registered to provide care for persons under the following categories of care:

Nursing Care

NHI - Old age not falling into any other category

NH-PH – Physical disability under the age of 65 years

NH- LD (E) - Learning disability (A maximum of 2 patients only) over the age of 65 years.

Residential Care

RC I - Old age not falling into any other category

RC-PH- A maximum of two residents.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed and was appropriately displayed in the foyer of the home.

The nursing home is owned and operated by Mrs Bernadette Kiernan O'Donnell.

The Registered Manager is Mrs Sharon Colhoun.

8.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Springlawn. The inspection was undertaken by Heather Moore on 07 January 2015 from 8.40 am to 12.40 pm.

The inspector was welcomed into the home by Mr Michael Briones, Registered Nurse in Charge. Verbal feedback of the issues identified during the inspection was given to the registered nurse in charge at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and residents, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 30 September 2014 four requirements and four recommendations were issued. These were reviewed during this inspection. The inspector evidenced that these requirements and recommendations had been complied with. Details can be viewed in the section immediately following this summary.

Discussion with the registered nurse in charge, a number of staff, patients and residents and review of three patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction and staff had also received additional training on continence awareness on 17 July 2014.

Examination of registered nurses competency and capability assessments confirmed that one registered nurse was trained in male catheterisation however the registered nurse's competency and capability in this area of care was not recorded. A recommendation is made in this regard.

The registered nurse in charge informed the inspector that arrangements were currently in place to nominate a senior care assistant to manage continence care in the home.

Examination of three care records confirmed a satisfactory standard of documentation. A recommendation is made that the NICE Guidelines on Urinary incontinence and the NICE Guidelines on Faecal incontinence be available and accessible to staff.

A regular review of the management of patients and residents who were incontinent was not undertaken in the home. A recommendation is made that regular audits are undertaken and the findings acted upon.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as substantially compliant.

One requirement and three recommendations are made. This requirement and recommendations are detailed in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, residents, registered nurse in charge, registered nurses and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | 16 (1) | The registered person shall ensure that a specific care plan on pain management is in place for patients who require analgesia. | Inspection of three patients care records confirmed that a specific care plan on pain management was in place for patients who required analgesia. | Compliant |
| 2 | 15 (2) (b) | <p>The registered person shall ensure that the assessment of the patient's needs is reviewed at any time where it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>This review should fully reflect the patient's assessed needs.</p> | Inspection of three patients care records confirmed that the care plans reflected the patient's assessed needs. | Compliant |
| 3 | 20 (1) (c) (i) | <p>The registered person shall ensure that registered nurses receive training in the following areas:</p> <ul style="list-style-type: none"> • Enteral Feeding Systems including the use of specific pump equipment • Care planning. | <p>Inspection of staff training records revealed that staff had received training in the following areas:</p> <ul style="list-style-type: none"> • Registered nurses had received training in Enteral Feeding systems including the use of specific pump equipment on 04 and 05 November 2014 • Four registered nurses had received | Compliant |

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| | | | training on care planning on 13 November 2014. | |
| 4 | 27 (2) (d) | <p>The registered person shall ensure that the identified patient's bedroom carpet is replaced.</p> <p>Identified bedroom doors and architraves should also be refurbished.</p> | <p>Discussion with the registered nurse in charge and observation during a tour of the environment confirmed that the identified patient's bedroom carpet had been replaced.</p> <p>Identified bedroom doors and architraves had also been refurbished.</p> | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | 5.3 | It is recommended that the patients' pressure relieving equipment in use on the patients' beds and when sitting out of bed be addressed in patients care plans on pressure area care and prevention. | Inspection of three patients care records confirmed that the patients' pressure relieving equipment in use on the patients' beds and when sitting out of bed was addressed in patients care plans on pressure area care and prevention. | Compliant |
| 2 | 5.3 | It is recommended that a pain assessment be maintained in patients care records and that the assessment be recorded appropriately. | Inspection of three patients care records confirmed that pain assessment charts were maintained in patients care records. | Compliant |
| 3 | 5.3 | It is recommended that written evidence is maintained in patients and residents care records to indicate that discussions had taken place with patients, residents, and/or their representatives in regard to planning and agreeing nursing interventions. | Inspection of three patients care records confirmed that written evidence was maintained in their care records to indicate that discussions had taken place with patients, residents, and /or their representatives in regard to planning and agreeing nursing interventions. | Compliant |
| 4 | 5.3 | It is recommended that the roles and | Inspection of the Patient's Guide confirmed that the roles and responsibilities of named nurses and key | Compliant |

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| | | <p>responsibilities of named nurses and key workers be recorded in the Patient's Guide.</p> | <p>workers were recorded in the Patient's Guide.</p> | |
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9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

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| <p>Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.</p> | <p align="center">COMPLIANCE LEVEL</p> |
| <p>Inspection Findings: Review of three patients’/residents’ care records revealed that bladder and bowel continence assessments were undertaken for these patients and residents. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate monthly.</p> <p>The promotion of continence, skin care, fluid requirements and patients’ and the resident’s dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patient/resident and their relatives’ involvement in developing and agreeing care plans.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p> | <p align="center">Compliant</p> |
| <p>Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p> | <p align="center">COMPLIANCE LEVEL</p> |
| <p>Inspection Findings: The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care. | <p align="center">Substantially Compliant</p> |

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| <p>The inspector can confirm that the following guideline documents were not in place:</p> <ul style="list-style-type: none"> • Nice Guidelines on Faecal incontinence • Nice Guidelines on Urinary incontinence. <p>A recommendation is made that this is addressed</p> | |
| <p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings:</p> | |
| <p>Not applicable.</p> | Not Applicable |
| <p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings:</p> | |
| <p>Discussion with the registered nurse in charge and review of the staff training records revealed that staff were trained in continence care on induction. Staff had received training on continence care on 07 July 2014. A registered nurse had also received training in male catheterisation a recommendation is made that the registered nurse's competency and capability assessment be reviewed to reflect the nurse's competency in this area of care.</p> <p>Discussion with staff revealed that currently in the home there was one patient in the home that required assistance with stoma appliances. The registered nurse in charge informed the inspector that the specialist stoma nurse was accessible to staff for additional support and expertise.</p> <p>A senior care assistant in the home was nominated as the named person to manage continence care.</p> <p>The registered nurse in charge informed the inspector that currently audits of patients and residents who were incontinent were not undertaken in the home. A recommendation is made in this regard.</p> | Substantially Compliant |

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|------------------------------------------------------------------------------------------------------------|--------------------------------|
| Inspector's overall assessment of the nursing home's compliance level against the standard assessed | Substantially Compliant |
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

11.2 Patients' and Residents' comments

During the inspection the inspector spoke to 10 patients and residents individually and to others in groups.

Examples of patients' and residents' comments were as follows:

- "I am very happy here."
- "The food is very good."
- "Sometimes I have to wait too long in the dining room to be assisted back to my bedroom following my meals."

11.3 Staffing

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home.

The inspector spoke to a number of staff during the inspection. No issues or concerns were brought to the attention of the inspector.

11.4 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' and residents' bedrooms, sitting areas, dining rooms, and laundry, kitchen, bathroom, and shower and toilet facilities.

The home was found to be clean warm and comfortable with a friendly and relaxed ambience. However the following environmental issues require to be addressed:

- Replace the identified resident's bedroom chair, and replace the identified bedroom carpet.

A requirement is made in this regard.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Michael Briones, Registered Nurse in Charge, 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:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Heather Moore
Inspector/Quality Reviewer

Date



Quality Improvement Plan

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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 Mr Michael Briones, Registered Nurse in Charge either, her during or 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 | Requirement | Number of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 | 27 (2) (d) | <p>The registered person shall ensure that the identified patient's bedroom carpet is replaced.</p> <p>The identified patient's chair should also be repaired /replaced.</p> <p>Ref: Section 11 (Additional Areas Examined) Point 11.6</p> | One | <p>Carpet discussed with proprietor Room measured and await instructions. Chair replaced.</p> | Two Months |

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 | Recommendation | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1 | 19.2 | <p>It is recommended that the following guideline documents are accessible and available to staff:</p> <ul style="list-style-type: none"> • NICE Guidelines on Urinary incontinence • NICE Guidelines on Faecal incontinence. <p>Ref:19.2</p> | One | <p>NICE guidelines on Premises in specific incontinence folder held at nurses station for all staff. All staff now aware + folder in office.</p> | One Week |
| 2 | 19.4 | <p>It is recommended that regular audits of the management of patients who are incontinent be undertaken and the findings acted upon.</p> <p>Ref:19.4</p> | One | <p>RAIN to focused template stock audit done monthly.</p> | One Month |
| 3 | 28.4 | <p>It is recommended that the identified registered nurse's competency and capability assessment be reviewed and updated to reflect the nurse's competency and capability in male catheterisation.</p> <p>Ref: 19.4</p> | One | <p>male catheterisation course certificates held in individual files self assessment competency & capabilities form commenced.</p> | One Month |

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 Hilltop
 Tyrone & Fermanagh Hospital
 Omagh
 BT9 0NS

SIGNED: TMcGonney

NAME: TMcGonney
 Registered Provider

DATE 5-2-2015

SIGNED: S. Colhan

NAME: S. Colhan
 Registered Manager

DATE 5/2/15

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--------------------------------------------------------|-----|-----------|------|
| Response assessed by inspector as acceptable | | | |
| Further information requested from provider | | | |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---------------------------------------------------------------|------------|------------------|------------------|
| Response assessed by inspector as acceptable | Yes | Heather Moore | 11 February 2015 |
| Further information requested from provider | | | |