

Unannounced Care Inspection Report 18 May 2017



Springlawn

Type of Service: Nursing Home
Address: 44 Old Dromore Road, Omagh, BT78 1RB
Tel No: 028 8224 4550
Inspector: Loretto Fegan

1.0 Summary

An unannounced inspection of Springlawn Nursing Home took place on 18 May 2017 from 10:00 to 17:35 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with the registered manager and staff demonstrated that care provided to patients is safe and avoids and prevents harm. However, a weakness was identified in relation to the recruitment of staff. A recommendation has been made in this area to drive improvement.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. There was also evidence of effective team working and good communication between patients and staff. Care records evidenced that patient care was assessed, planned, evaluated and reviewed in partnership with patients and/or their representatives.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services provided. Staff and patients confirmed that management were responsive to any suggestions or concerns raised.

The term 'patients' is used to describe those living in Springlawn Nursing Home which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sharon Colhoun, registered 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.

1.2 Actions/enforcement taken following the most recent medicines inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 September 2016. There were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/ registered person: Springlawn House Limited Therese McGarvey	Registered manager: Sharon Margaret Colhoun
Person in charge of the home at the time of inspection: Sylvia Ewart, Registered Nurse Sharon Colhoun, Registered Manager was present from approximately 15:30- 16:55 hours.	Date manager registered: 1 April 2015
Categories of care: NH-LD(E), NH-PH, RC-PH, RC-I, NH-I, NH-PH(E) 33 Nursing: 6 Residential. A maximum of 2 patients in category NH-LD (E), A maximum of 2 patients in category NH-PH. A maximum of 2 residents in category RC-PH.	Number of registered places: 40

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection undertaken on 7 July 2016
- the previous care inspection report

During the inspection, care delivery / care practices were observed and a review of the general environment was undertaken. The inspector also met with the registered manager, 12 patients, two registered nurses, two care staff and the administrator.

The following information was examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- staffing arrangements in the home
- three patient care records
- accident and incident records
- audits
- complaints records
- staff recruitment, induction and appraisal records
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 7 July 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4.4 Stated: First time	The registered person should ensure that care records are kept under review and adhere to the recommendations prescribed by other healthcare professionals such as speech and language therapist and dieticians.	Met
	Action taken as confirmed during the inspection: Review of three patient care records evidenced that the records were kept under review and adhered to the recommendations prescribed by other healthcare professionals.	

<p>Recommendation 2</p> <p>Ref: Standard 20.2</p> <p>Stated: Second time</p>	<p>The registered manager should ensure that patient's religious preferences/ spiritual needs are documented in end of life care plans.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of three patient care records evidenced that patients' religious preferences/ spiritual needs were documented in end of life care plans.</p>		

4.3 Is care safe?

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 8 May and 15 May 2017 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas, it was confirmed that administrative, maintenance, catering, domestic and laundry staff were employed in sufficient numbers for the efficient running of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Patients spoken with commented positively regarding care delivery.

A review of two staff personnel files evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. However, some aspects of the selection and recruitment process should be more robust, for example; although three references were obtained in respect of one staff member including their most recent employer, a reference was not obtained from the person's most recent health care employer and there was no evidence of an employment gap been explored prior to them commencing work in the home. An application received in respect of another staff member did not clearly identify the dates of previous employment. The registered manager agreed to review the procedures in relation to selection and recruitment processes. A recommendation has been made in this regard.

Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of the training matrix confirmed that the majority of staff had completed their mandatory training for the current year. Following the inspection, RQIA received written confirmation on 1 May 2017 from the home confirming completion of all mandatory training requirements. There was evidence of staff undertaking additional training to support them in the care of patients. All staff spoken with during the inspection were satisfied with the training provided to fulfil their duties.

Discussion with the registered manager, staff on duty and a review of the records confirmed that there were systems in place to ensure that all staff received appraisal and supervision. The registered manager also advised that the home had an 'open door' policy for staff to discuss care practices and other issues when required. There was evidence that competency and capability assessments were undertaken for registered nurses in charge of the home in the absence of the registered manager and that these were reviewed annually.

Discussion with the administrator and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

There was evidence of audits conducted in relation to accidents, care records, nutrition and infection prevention and control including the environment. There was evidence that the findings were analysed and action plans for any deficits were put in place.

A sample of the responsible individual's monthly monitoring visit was reviewed and found to be in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, as some stakeholders could be easily identified in the monthly monitoring visit report, this was discussed with the registered manager, who agreed to have this information redacted in agreement with the responsible individual.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and the dining room. The home was found to be warm, well decorated, fresh smelling and clean. Liquid soap and paper hand towels were available for use beside wash hand basins in addition to hand sanitisers located throughout the home. Staff confirmed that there is always a supply of these items and appropriate personal protective equipment. With the exception of a communal towel placed in the visitors' toilet, infection prevention and control measures were adhered to. Disposal paper hand towels were also available for use in this area and following discussion with the registered manager, the communal towel was removed in the interest of infection prevention and control. There was evidence of ongoing re-decorating and refurbishment of the home and patients spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

One recommendation was made in relation to recruitment of staff.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. The three care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with best practice. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as the dietician. There was evidence that the care planning process included input from patients and/or their representatives.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff and the dates on the minutes of staff meetings verified that staff meetings were held on a two monthly basis. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or nurse in charge.

A review of minutes of patients' meetings and discussion with the registered manager evidenced that patient meetings were held on a regular basis. It was evident from the sample of minutes reviewed and from discussion with patients that patients were at ease discussing matters relating to their care with the home's staff/management. Records also indicated that patient feedback was acted upon.

The registered manager advised that she operates an "open door" policy in relation to communication with relatives. In addition a suggestion box is available for relative use. Mrs Colhoun confirmed that relatives are invited to care reviews organised by the Trust.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff were observed offering patients support and assistance with lunch and whilst mobilising and administering medication. Their interactions with patients were observed to be compassionate, caring and respectful. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Arrangements were in place to meet patients' religious and spiritual needs within the home.

Consultation with twelve patients confirmed that they were afforded choice, privacy, dignity and respect. Discussion with staff and patients confirmed that there were opportunities for patients to maintain friendships and socialise within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Responses were received by RQIA from two members of staff within the specified timeframe. Both responses indicated high levels of satisfaction with the care provided and leadership within the home. Staff spoken with during the inspection concurred with this and confirmed that communication was good in the home. They were also positive about the training and support mechanisms in place to do their job.

Discussions were held with twelve patients. Patients spoken with were very positive regarding the care they were receiving and were complementary about all aspects of care provided.

Patients' comments included:

"I'm very happy, staff are approachable and kind. The food is very good with plenty of variety in the menu."

"The girls are all very kind, xxx is a dream, food is lovely with good choice, laundry well done, room kept well."

"All very kind, well looked after, have no concerns but know who to go to, if I had."

"Staff are so professional in their approach, excellent service."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and confirmed that they had access to the home's policies and procedures. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and administrator confirmed that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The registered manager confirmed and recorded the complainants' satisfaction with the outcome of two complaints during the inspection. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence of the home having systems and processes in place to monitor the delivery of care and services. This included the completion of Regulation 29 monitoring visits in accordance with the regulations and/or care standards with an action plan generated to address any areas for improvement. There was evidence of audits conducted in relation to accidents, care records, nutrition and infection prevention and control including the environment. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified.

Discussion with the registered manager and staff confirmed that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 38

Stated: First time

To be completed by:
18 May 2017

The registered provider should review the procedures in relation to selection and recruitment processes to ensure that staff are recruited and employed in accordance with relevant statutory and employment legislation and mandatory requirements.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

All staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.

The inspectors suggestion on how this can be further enhanced have been noted.



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