

Unannounced Care Inspection Report

23 February 2021



County Care Home

Type of Service: Nursing Home (NH)

Address: 42 Tempo Road, Enniskillen, BT74 6HR

Tel No: 028 6632 3845

Inspector: Sharon McKnight

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 52 persons. The home is currently registered to provide residential care for two named persons.

3.0 Service details

Organisation/Registered Provider: EBBAY Limited Responsible Individual: Patrick Anthony McAvoy	Registered Manager and date registered: Caroline McCrea – registration pending
Person in charge at the time of inspection: Caroline McCrea	Number of registered places: 52 A maximum of 21 patients in category NH-DE. The home is also approved to provide care on a day basis to 5 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-PH
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 48

4.0 Inspection summary

An unannounced inspection took place on 23 February 2021 from 09:50 to 17:20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- leadership and governance.

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

The term 'patients' is used to describe those living in County Care Home which, alongside nursing care, provides residential care for two residents .

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caroline McCrea, manager and Sharon Loane, operations 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 12 patients and 12 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to be placed in a prominent position to allow patients and their relatives/representatives, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for the week commencing 22 February 2021
- care records for four patients including repositioning records
- accident and incident reports
- record of complaints and compliments
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- records of audits
- monthly monitoring reports for the period September 2020 - January 2021.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

On the day of the inspection we reviewed the staff rota for the week commencing 22 February 2021. This review confirmed that the staffing numbers identified had been consistently provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with twelve members of staff, who displayed great commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. All of the staff spoken with were satisfied with the current staffing and spoke positively of the support provided by the manager.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for more recently appointed care staff, in the process of registering.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; one was returned by a relative who was very satisfied with the staffing arrangements. The following comment was provided:

“(relative) have recently moved into the County and I am really impressed with the caring nature of the staff, the compassion they have shown (relative) and the lovely welcome they got when they arrived.”

6.2.2 Care delivery

We spent time on both floors during the day. The atmosphere throughout the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Staff were knowledgeable of the importance of social distancing but at times were challenged in maintaining it with the level of understanding many of their patients had, particularly in the dementia unit.

A number of patients were being nursed in bed; these patients were warm and comfortable. Some patients had pressure relieving mattresses in place which required to be set manually – all were set in accordance with the patients' care plans. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. They told us:

"They are all very good to me."

"I'm very comfortable."

"It's very difficult times, family used to come and say hello, now they can only come for a short time."

"The nurses (staff) are very good."

We saw the serving of lunch throughout the home. Patients had their lunch served either in the lounge, the dining room or in their bedroom depending on their personal choice or their dining needs. The number of patients in the dining was dependant on the space available to support social distancing. Everyone was assisted with their lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtime.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight.

The activity co-ordinator spoke of the increased support patients required as a result of the pandemic and the reduction in contact and visits from their relatives and friends. We discussed the provision of activities and the challenges of delivering a programme in the current pandemic. On the morning of the inspection staff were supporting patients in the general nursing unit with a word quiz.

We discussed the arrangements for patients to receive visitors. Visiting for all patients was facilitated in a designated room located at the front of the home with access directly from the car park. The room had been adapted to include a perspex screen and the furniture was positioned to support social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Separate arrangements were in place to ensure patients, who were receiving end of life care, could be visited by their loved ones. Care partner arrangements were also in place for a number of patients; the care partner arrangements were being managed in accordance with the Public Health Agency (PHA) guidance. It was good to note the level of enthusiasm by staff regarding the reintroduction of visiting.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

"It was a great comfort to be able to have video calls with (relative) in the absence of visiting."
(January 2021)

“...the care was lovingly given despite the difficult and challenging restrictions placed upon staff due to Covid.” (December 2020)

“I am so grateful to you all for making (relative) so welcome and providing such a homely, friendly and comfortable residence.” (January 2021)

6.2.3 Care records

A range of assessments, to identify each patient’s needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

Staff were well informed with regard to patients’ needs, what areas patients required support with and the level of assistance they required in daily life. Staff encouraged choice and independence. Care records contained details of communication with families.

We reviewed patients’ needs in relation to wound prevention and care. Records confirmed that wounds were dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

6.2.4 IPC measures and the use of personal protective equipment (PPE)

Signage had been placed in the foyer of the home which provided advice and information about COVID-19; hand sanitiser and PPE were also available. On arrival staff checked and recorded our temperature and we completed a health declaration. The manager confirmed that staff and patient temperatures were being checked twice daily and recorded. The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were generally knowledgeable of the correct use of PPE however we observed that staff in the dementia unit were not consistently using the correct PPE when providing care to a patient in a period of self-isolation. This was brought to the attention of the manager who immediately addressed the issue with staff. The use of PPE for patients who are self-isolating should be reviewed with all staff to ensure the correct equipment is used at all times. This was identified as area for improvement.

There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. We spoke with two members of housekeeping staff; both were well informed regarding the use of PPE, enhanced cleaning arrangements; they confirmed that the rooms of patients were self-isolating would be cleaned last.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout.

Management provided an update on a recent estates issue and confirmed that the problem was now resolved and that a long term improvement plan was being considered. It was agreed that the RQIA estates inspector would be informed of the details of the improvement plan once it is finalised.

6.2.6 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager was supported in her daily role by a team of experienced nurses and by the operational manager.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall.

A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care for example hand hygiene, use of PPE, wound management, accidents and care records and were also carried out monthly. Where deficits were identified records evidenced that areas had been re-audited to confirm the required improvements were made.

Records were available of any complaints and compliments received. Complaints records included the detail of the complaint, the outcome of any investigations and the action taken. Records evidenced that the manager had a proactive approach to complaints and the recording of all expressions of dissatisfaction, including those of a minor nature; this is good practice.

We examined the reports of the visits made on behalf of the registered provider for the period September 2020 to January 2021. Where any issues were identified, an action plan was included in the report. The action plan was reviewed and commented on at each subsequent visit.

Areas of good practice

Areas of good practice were identified with regard to staffing, staff commitment to patient care, the arrangements for patients to receive visitors, care delivery and staff compassion of the impact on patients and their loved ones during the current COVID-19 pandemic.

Areas for improvement

One area for improvement was identified with regard to the use of PPE for patients who are self-isolating.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients' individual needs. Staff had a good knowledge and understanding of patients' individual needs, wishes and preferences and spoke confidently of the importance of supporting patients throughout the current pandemic.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline McCrea, manager and Sharon Loane, operations 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 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.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: Immediate from the day of inspection	The registered person shall ensure that staff wear the correct PPE when assisting patients during periods of self-isolation. Ref: 6.2.4
	Response by registered person detailing the actions taken: Following the inspection, staff were instructed re compliance of this aspect of PPE. Since same observations of practice and audits undertaken have evidenced improved practice.

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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care