

Inspection Report

31 January 2023



County Care Home

Type of service: Nursing

Address: 42 Tempo Road, Enniskillen, BT74 6HR

Telephone number: 028 6632 3845

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: EBBAY Limited Responsible Individual Mr Patrick Anthony McAvoy	Registered Manager: Mrs Caroline McCrea Date registered: 22 March 2021
Person in charge at the time of inspection: Mrs 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-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: 49
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 52 patients. The home is divided into two units over two floors. Patients who require general nursing care are accommodated on the ground floor; patients living with dementia are accommodated on the lower ground floor. Patient bedrooms, lounges, dining rooms and bathroom/toilets are located over the two floors. Patients have access to communal lounges, dining areas and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 31 January 2023, from 10.10 am to 6.50 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are just perfect here", "I have everything I need", "I couldn't ask for more", "The staff are all nice" and "More than happy here". There were no questionnaires received from patients or relatives following the inspection.

The majority of staff said that management were approachable, teamwork was good and they felt well supported in their role. There were mixed comments from staff regarding staff morale with some staff stating; "Staff morale is not good", "Morale is not great", "Staff morale is okay" and "Morale is good". Other comments from staff included: "I love it here", "Great team work" and "It's great here". There was no response from the staff on-line survey.

The inspector spoke with two relatives during the inspection who commented positively about the home and the care provided. Comments included: “This is a great place”, “Everyone is very friendly and kind”, “More than happy with the care”, “The staff are great here and really do their best” and “Very happy with the care”.

Comments received during the inspection were shared with the management team to review and action as necessary.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to County Care Home was undertaken on 7 February 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including first aid and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of two employee’s recruitment records evidenced that gaps in employment history had not been explored. Details were discussed with the manager and an area for improvement was identified.

It was further identified that a record of orientation and induction was not available within both of the employee files reviewed and an area for improvement was identified.

As mentioned above in section 4.0 there were mixed comments from staff regarding staff morale. The majority of staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. Comments from staff were shared with the management team to review and action as necessary.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Observation of the care delivery evidenced that there was enough staff on duty to meet the needs of the patients. Staff were attentive towards patients and displayed a kind and caring nature.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

Review of a sample of competency and capability assessments for the nurse in charge in the absence of the manager evidenced that these had been completed.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records relating to repositioning were mostly well maintained. However, not all care plans regarding skin integrity included the recommended frequency of repositioning but were instead within a care plan regarding sleeping/resting. This was discussed with the manager and following the inspection verbal confirmation was received from the management team of the action taken to address this.

A number of bedrail protectors had not been fitted correctly. This was discussed with the manager who agreed to have all bedrail protectors reviewed. Following the inspection written confirmation was received from the management team that relevant action had been taken to address this with ongoing monitoring to ensure sustained compliance.

Records confirmed that in the event of a patient falling, a post falls protocol was in place. There was evidence that the post falls observations had been recorded and necessary referrals made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and meals were covered on transport.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. The inspector observed one staff member standing whilst assisting a patient with their meal. This was discussed with the manager who acknowledged that this was not good practice and agreed to address this and to monitor going forward.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. A menu was displayed within each of the dining rooms reflective of the meals being served. Staff knew which patients preferred a larger/smaller portion and

demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of care records for patients at risk of dehydration evidenced that a recommended daily fluid intake was recorded within the patients' daily fluid intake charts and care plan. However; the care plan did not contain the action to take if the daily fluid intake was below the target. This was discussed in detail with the manager and following the inspection both verbal and written confirmation was received from the management team that relevant action had been taken to address this.

Review of three patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, a number of risk assessments had not been reviewed within the required timeframe and relevant medical history was not included in a number of patients care plans. Details were discussed with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records. This was identified as an area for improvement.

Daily evaluation records were kept of how patients spent their day. However, not all daily evaluation records were personalised towards the patient and did not contain sufficient information. The manager advised that this had already been identified and confirmed the action taken to address this with ongoing monitoring by management.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were maintained with areas for patients to sit. The responsible individual discussed the extensive refurbishment/redecoration works that had been completed to identified areas of the home since the last inspection which were observed to be tastefully decorated. The responsible individual also confirmed that further refurbishment/redecoration works had been scheduled to ensure the home is well maintained.

Whilst positive improvements had been made to the environment, a number of estates/maintenance related issues were identified. Details were discussed with the management team, who confirmed that these issues would be addressed as part of the homes ongoing refurbishment plan. Additional written evidence was also provided following the inspection. RQIA were therefore sufficiently assured that these issues were being addressed in a timely way and an area for improvement was not required on this occasion. This is discussed further in section 5.2.5.

Whilst corridors were clear of clutter, two fire exit doors were obstructed; one with a hoist and the other with a small table. This was brought to the attention of staff who immediately removed

the obstructions. However, one of these fire exit doors was later observed to be obstructed again with a hoist. This was identified as an area for improvement.

A review of the home's most recent fire risk assessment completed on 18 May 2022 evidenced that a number of recommendations made by the risk assessor had not been signed or dated as having been completed. The Northern Ireland Fire and Rescue Service (NIFRS) also visited the home on the 4 October 2022 and as a result of this visit a number of remedial actions were stated. Following the inspection the management team provided written confirmation that all relevant actions had been taken to address the recommendations made by both the fire risk assessor and the NIFRS. This information was shared with the RQIA estates inspector.

It was further identified that the front door in the general nursing care unit was secure requiring the use of a keypad which was considered to be restrictive practice. This was discussed with the manager regarding the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. Following the inspection the management team provided verbal confirmation that relevant action had been taken to address this.

Staff use of personal protective equipment (PPE) and hand hygiene was regularly monitored by management and records were kept. The manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including incorrect donning and doffing of PPE, the wearing of PPE in corridor areas following the delivery of patient care and one staff member observed carrying used linen from a patient's bedroom along a corridor. Details of these and any other IPC issues identified during the inspection were discussed with the manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

During the inspection, a number of patients were enjoying a word finding game facilitated by the activity coordinator. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; "The food is perfect", "Good food", "Plenty of choice" and "The food is great".

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported in their role by senior management and the responsible individual.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However, as mentioned above in section 5.2.3 there were a number of environmental issues identified and audits had not been completed to ensure that relevant action with timeframes for completion, the person responsible and follow to address the issues. This was discussed in detail with the manager and an area for improvement was identified.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Caroline McCrea, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) schedule 2 (6) Stated: First time To be completed by: From the date of inspection	The registered person shall ensure employees are recruited in line with best practice. With specific reference to ensuring that any gaps in employment history are fully explored. Ref: 5.2.1
	Response by registered person detailing the actions taken: Following the inspection an immediate check of personnel files pertaining to staff recruited in the last 6 months was completed to ensure that any gaps in employment had been explored. Gaps in employment to be explored at the time of interview and documented.
Area for improvement 2 Ref: Regulation 27 (4) (c) Stated: First time To be completed by: From the date of inspection	The registered person shall provide adequate means of escape from the home by ensuring that fire exits are maintained clear from obstruction. Ref: 5.2.3
	Response by registered person detailing the actions taken: Since the inspection supervision has been completed with staff reminding them of the importance of ensuring fire exits are maintained clear from obstruction. Monitoring of same has evidenced compliance. Fire Safety Awareness Training is provided to all staff as part of their induction and also to all other staff twice yearly.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that the IPC issues identified during the inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Following the inspection, staff were instructed re compliance of the IPC issues identified. Supervision was completed with staff and further training issued. This area of improvement is being monitored via daily observations and auditing processes.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	

<p>Area for improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all newly appointed staff complete a structured orientation and induction and records are retained. An initial induction takes place within two days of employment commencing.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The form for induction has been revised to include a document to evidence the initial two-day structured induction which will be held on file until the induction process is fully completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The registered person shall ensure the following in relation to patients care records:</p> <ul style="list-style-type: none"> • risk assessments are consistently reviewed within the required timeframe • care plans are reflective of the patients' current medical needs. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Following inspection a nurses meeting was held where all nurses were advised to ensure risk assessments are consistently reviewed within the required time frame and care plans are reflective of patients current needs. An audit of care files has evidenced improvement.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The registered person shall ensure that quality governance audits are robust at identifying deficits with a clear action plan, timeframe for completion, the person responsible and follow up.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • environmental audits. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Following the inspection a specific environmental audit was devised and has been included as part of the governance arrangements for the home.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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