

Inspection Report

Name of Service: County Care Home

Provider: EBBAY Limited

Date of Inspection: 2 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	EBBAY Limited
Responsible Individual:	Mr Patrick Anthony McAvoy
Registered Manager:	Mrs Caroline McCrea
<p>Service Profile:</p> <p>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 over 65 years of age and physical disability under 65 years of age are accommodated on the ground floor; patients living with dementia are accommodated on the lower ground floor. The home is also registered for one named person with a physical disability requiring residential care under 65 years of age and care on a day basis to five persons.</p> <p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 2 November 2024, from 9.45 am to 4.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; care records, control of substances hazardous to health (COSHH), supervision of patients at meal times, the environment, general data protection regulation (GDPR) and the reporting of notifiable events.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "Very well looked after", "The staff are all very good", "Very happy here", "Good care here" and "I feel very safe".

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One patient said: "The staff are all very good and if you need anything they are always willing to help".

Six relatives spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "I feel my (relative) is getting good care here", "The staff couldn't do enough for you", "Great communication from staff", "Very happy with the care here" and "The staff are wonderful here".

Three questionnaires were received from relatives who were very satisfied with the overall provision of care. All comments were shared with the manager, some of which included: "Absolutely excellent", "I'm very impressed with this place", "(Staff) make me feel welcome", "Great staff, very attentive and friendly" and "Great care".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patients care records identified a number of entries within repositioning charts which exceeded the recommended frequency of repositioning as per their care plan. This area for improvement has been stated for a second time.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. There was a pictorial menu on display within each of the dining rooms offering a choice of two meals.

Patients commented positively about the food provided within the home with comments such as: “The food is always nice and plenty of it”, “The food is lovely and good choices” and “The food is very nice indeed”.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

Whilst the dining experience within the general nursing care unit was well organised and patients were appropriately supervised in accordance with the speech and language therapy (SALT) recommendations; patients within the dementia unit were observed eating their lunch time meal unsupervised on a number of occasions which was not in accordance with SALT recommendations. An area for improvement was identified.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. During the inspection patients were engaged in their own activities such as; watching TV, resting or chatting to staff. An activity schedule was on display offering a range of activities.

Arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

Confidential patient care records were not securely stored within an area of the home. This was discussed with the manager and an area for improvement was identified.

Review of a sample of care records evidenced that they were regularly reviewed; however, a number of risk assessments had not been reviewed within the required timeframe for one patient. This was discussed with the manager who agreed to have these updated. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Care plans regarding bowel management required further details in relation to the patients normal bowel type and frequency. It was further identified that the minimum daily fluid intake target recorded in one patient’s care plan was not consistent with the target recorded within the chart; and care plans regarding fluid intake did not state the action to take and at what stage if the daily fluid target is not achieved. Areas for improvement were identified.

3.3.4 Quality and Management of Patients’ Environment

The home was neat and tidy and patients’ bedrooms were personalised with items important to the patient. Whilst areas of the home were tastefully decorated, some environmental issues

were identified requiring repair or replacement, including; surface damage to identified floor coverings, door frames, skirting boards, walls and tiles. An area for improvement was identified.

Pipes were exposed in a number of patients en-suites. The manager agreed to have these reviewed and pipes covered where necessary. Following the inspection, written confirmation was received that relevant action had been taken to address this.

A cleaning trolley was observed unattended within the dementia unit with access to chemicals. An area for improvement was identified.

A number of wardrobes were not securely fitted to the wall for safety. This was discussed with the manager who agreed to have these reviewed as a matter of priority. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Whilst there was evidence that systems and processes were in place to manage infection prevention and control (IPC); review of bathrooms, toilets and en-suites evidenced that two emergency pull cords, a number of shower pull cords and pull cords on fans were not suitably covered to aid in effective cleaning. The manager agreed to have all pull cords reviewed and to cover where necessary. Following the inspection, written confirmation was received that relevant action had been taken to address this.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Caroline McCrea has been the manager in this home since 22 March 2021.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

A review of the record of complaints and accidents and incidents which had occurred in the home found that three notifiable events had not been submitted to RQIA; some of which were adult safeguarding (ASG) related and had not been referred to the ASG team or the key workers within the Trust for their review. The manager was directed to make contact with all relevant persons and to continue to keep RQIA updated with the outcome of any investigations where necessary. Areas for improvement were identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	6*

* The total number of areas for improvement includes one standard that has been stated for a second time.

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 13 (1) (a) (b) Stated: First time To be completed by: 2 November 2024	The registered person shall ensure that patients are supervised during meals in accordance with SALT recommendations. Ref: 3.3.2
	Response by registered person detailing the actions taken: All relevant staff have received additional supervision re Direct supervision and how mealtimes should be managed to ensure compliance.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 2 November 2024	The registered person shall ensure that chemicals are securely stored in keeping with control of substances hazardous to health (COSHH). With specific reference to ensuring that cleaning trolleys with chemicals are supervised at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Information has been shared with staff re the importance of never leaving trolleys unattended and the risks involved.
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: 2 November 2024	The registered person shall ensure that all notifiable events are reported to RQIA without delay. Ref: 3.3.5
	Response by registered person detailing the actions taken: All notifiable events will be reported as per guidelines

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: 2 November 2024	The registered person shall ensure that where a patient requires pressure area care, a care plan is in place detailing the recommended frequency of repositioning; and that this is accurately reflected and recorded in the corresponding repositioning chart. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: A review of this area for improvement has been undertaken to ensure that care plans are accurate to reflect plan of care and delivery of care is safe and effective.
Area for improvement 2 Ref: Standard 37 Stated: First time To be completed by: 2 November 2024	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards. Ref: 3.3.3
	Response by registered person detailing the actions taken: A review of the storage of records has been undertaken and alternative arrangements are in place to ensure compliance.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 9 November 2024	The registered person shall ensure that patients normal bowel type and frequency are recorded within their care plan. Ref: 3.3.4
	Response by registered person detailing the actions taken: Information has been shared with all registered nurses. Care plans have been reviewed to ensure that the area for improvement identified has been actioned
Area for improvement 4 Ref: Standard 4.8 Stated: First time To be completed by: 9 November 2024	The registered person shall ensure that for any patient at risk of dehydration, the recommended daily fluid intake within recording charts are reflective of the fluid target within care plans and the care plan states the action to take and at what stage, if the fluid target is not met. Ref: 3.3.4
	Response by registered person detailing the actions taken: The elements within this area for improvement have been actioned accordingly and will be monitoring during auditing processes.

Area for improvement 5 Ref: Standard 44 Stated: First time To be completed by: 2 February 2025	The registered person shall ensure that the environmental issues identified during the inspection are addressed. Ref: 3.3.4 Response by registered person detailing the actions taken: Areas identified have been reviewed and actions taken as deemed necessary. Governance arrangements include estates and action plans are implemented accordingly.
Area for improvement 6 Ref: Standard 13.6 Stated: First time To be completed by: 2 November 2024	The registered person shall ensure that all relevant persons are informed regarding adult safeguarding incidents without delay. Ref: 3.3.5 Response by registered person detailing the actions taken: All potential / actual adult safeguarding incidents will be reported to the relevant authorities and any necessary actions taken.

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