The Regulation and Quality Improvement Authority

Inspection Report

7th February 2022

County Care Home

Type of service: Nursing
Address: 42 Tempo Road, Enniskillen, BT74 6HR
Telephone number: 028 6632 3845

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 Ltd **Responsible Individual** Mr Patrick 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-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:** 50
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides general nursing care and nursing care for patients with dementia. The home is a two storey, purpose built residence. 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.	

2.0 Inspection summary

An unannounced inspection took place on 7 February 2022 from 10:10 am to 5:45pm by a care Inspector.

The inspection assessed progress with the areas for improvement identified in the home 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.

The outcome of the inspection confirmed that the care in County Care Home was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and systems in place to provide oversight of the delivery of care. No areas for improvement were identified as a result of this inspection.

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 information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, 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 the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Manager and Operations Manager were provided with details of the findings.

4.0 What people told us about the service

Patients were complimentary regarding staff, their attitude and their willing to assist them. They provided examples of what they liked about living in County Care Home; they said that they were well looked after and that the staff were very attentive. Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However all of the patients were well presented with good detail to their dress and appearance. The atmosphere in the home was unhurried and social. Many patients knew staff by their name and were well informed of the day to day running of the home.

Staff were knowledgeable of patients assessed care needs and also of patients likes, dislikes and preferred routines. They said that they were well supported by management and were happy working in the home. Observations of staff working practices evidenced there was good communication between them to ensure that patients' needs were met.

Two questionnaires were received from relatives following the inspection. One relative was very satisfied with the care, staff and management of the home. They described the staff as kind, patient and caring and that they were kept up to date with medical needs. The relative

who returned the second questionnaire was not satisfied with care in the home and provided details of the areas they were dissatisfied with. These comments were shared with the Manager. As the second questionnaire was returned anonymously the Manager agreed to review the issues in regard to the general day to day routine of the home.

5.0 The inspection

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

Areas for improvement from the last inspection on 23 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that staff wear the correct PPE when assisting patients during periods of self-isolation.	**Met**
	Action taken as confirmed during the inspection: Observations confirmed that staff wore the correct PPE when assisting patients who were self-isolating.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work; this included receiving references, completing police checks and having sight of the candidates' full employment history. Staff were provided with an induction programme to prepare them for working with the patients. Staff spoken with confirmed that the induction process was effective in helping them settle into the home and get to know the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. Systems were in place to regularly check that they were appropriately registered and that their registration remained live. Newly appointed care staff were being supported by the Manager to complete their registration.

The staff duty rota accurately reflected the staff working in the home on a daily basis. There was evidence that where staff reported unfit for duty at short notice reasonable attempts were made to replace staff. The Manager told us that the number of staff on duty was regularly

reviewed in line with patient dependency to ensure the needs of the patients were met. Staff were knowledgeable of patients care needs, their likes, dislikes and their preferred routines.

Patients told us that the staff were attentive and responded to the nurse call bell without delay; they told us that staff were always around and willing to help when needed. Staff interactions were familiar, comfortable and unhurried and patients were relaxed in the company of staff.

Staff spoke compassionately about patients' needs and demonstrated a good understanding of patients' individual wishes and preferences. Staff were satisfied that the planned staffing was sufficient for them to meet the needs of the patients in a timely manner. They spoke of good team work and were respectful of each other's role within the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Patients' needs were assessed 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. Care records contained good detail of the individual care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded and evidence that patients were assisted to change their position regularly. Patients with wounds had these clearly recorded in their care records. Records reflected the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. In one file the circumstances of the fall was reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records confirmed that appropriate referrals were made if patients were losing weight. Records were kept of what patients had to eat and drink and included the precise nature of the meal.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were suitably furnished and comfortable. A refurbishment plan for both floors was in place however progress with the re-decoration has been delayed due to the global pandemic. One corridor area has been refurbished with new flooring and the bedroom doors upgraded which

greatly improved the appearance of this area. Progress with the planned work will be reviewed at the next inspection.

The home was clean and fresh smelling throughout. 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.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out regularly.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Visiting was suspended at the time of the inspection due to an infectious outbreak; arrangements for care partners were continuing.

Patients participated in the regional monthly Covid-19 testing and staff and care partners continued to be tested weekly. Lateral flow tests were completed as required for anyone visiting.

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff introduced us to patients using their preferred name and responded to requests for assistance in a quiet, calm manner. Patients were of the opinion that they were well supported by staff and were able to make choices about their day to day life in the home. These choices included times for getting up and going to bed, where they chose to have their meal, food and drink options, taking part in activities and where and how they wished to spend their time.

Two staff were employed to plan and deliver activities; both had been recently appointed and were beginning to plan a programme of events. They explained that they were currently finding out patients likes and dislikes in order to plan activities that the patients were interested in. They had recently held a meeting with the patients to introduce themselves, explain their role and ask for suggestions with what activities to provide; 18 patients attended. This provided the patients with an opportunity to have their say about life in the home and is good practice.

The staff were enthusiastic about their role and the benefits and enjoyment that daily activities provided to the patients. Staff were supportive of the role of the Activity Leaders and valued the provision of activities in the patients daily routine. Patients in the dementia unit enjoyed a sing a long during the morning; patients requested songs and the activity leader played the guitar.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager is supported by the Deputy Manager and Senior Nurses; the deputy manager was available throughout the inspection and was knowledgeable of the day to day running of the home. The Operations Manager is also available in the home regularly to provide operational support; they also had regular contact with staff, patients and relatives.

Staff commented positively about the Manager and described them as supportive, approachable and knowledgeable of the daily life and preferences of the patients.

Systems were in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed of the environment, IPC and accidents and incidents.

There was a system in place to manage complaints; complaints received, alongside the action taken, were recorded. Records were also maintained of compliments received about the home.

Unannounced visits were undertaken each month by the Operations Manager, on behalf 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 were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were addressed. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Discussion with patients and staff, observations and a review of patient and management records evidenced that care in County Care Home was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager.

Staff interactions were familiar, comfortable and unhurried and patients were relaxed in the company of staff. Observation of practice confirmed that staff engaged with patients on an individual and group basis. The programme of activities was planned around the interests of the patients and provided them with positive outcomes.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Caroline McCrea, Manager and Sharon Loane, Operations Manager as part of the inspection process and can be found in the main body of the report.

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