

Inspection Report

17 October 2023



County Care Home

Type of service: Nursing Home
Address: 42 Tempo Road, Enniskillen, BT74 6HR
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: 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 five persons. There shall be a maximum of one 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 17 October 2023, from 9.45 am to 5.30 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 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 management team 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 all very good", "Getting well looked after", "I really like it here", "Well attended to" and "I feel safe here". There were no questionnaires received from patients or relatives following the inspection.

Staff said that management were approachable, teamwork was good and they felt well supported in their role. Staff comments included: "I love it here", "Staffing levels are good", "Good days and bad days" and "This is a great company to work for". Whilst the majority of staff said that staffing levels were good, a small number of staff said that recent changes to the duty rota within the dementia unit had impacted on the efficiency of care delivery. This was discussed with the management team who confirmed that there had not been any changes to

the staffing levels with the exception of a one to one staff member who was no longer required. The management team agreed to review these comments and action as necessary. There was no response from the staff on-line survey.

The inspector spoke with three relatives during the inspection who commented positively about the home and the care provided. Comments included: “The staff are all very good here”, “They are all very kind and caring”, “Staff are very friendly and welcoming”, “(Relative) is getting good care” and “The care is very good here”.

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 2 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) schedule 2 (6) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the IPC issues identified during the inspection are addressed.	Partially met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.3.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 39.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure the following in relation to patients care records: <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. 	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the management team evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 35 Stated: First time	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. With specific reference to: <ul style="list-style-type: none"> • environmental audits. 	Met
	Action taken as confirmed during the inspection: Review of relevant documents and discussion with the management team evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Review of a sample of staff recruitment and induction records evidenced that relevant pre-employment information had been obtained prior to staff commencing work in the home.

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 moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Monthly 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).

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. However, as mentioned above in section 4.0, a small number of staff commented regarding staffing levels within the dementia unit. Following the inspection written confirmation was received from the manager confirming the action taken to address this.

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.

Review of a sample of staff competency and capability assessments for the nurse in charge in the absence of the manager found these to be completed.

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.

5.2.2 Care Delivery and Record Keeping

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.

Patients who were less able to mobilise require special attention to their skin care. 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. There were also inconsistencies within one patient's care records regarding the recommended frequency of repositioning. Details were discussed with the management team and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Whilst the lunchtime dining experience within the general nursing unit was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. There was a delay in the serving of meals within the dementia unit. Discussion with staff confirmed that this was not a regular occurrence and the management team agreed to review and monitor going forward.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients told us they very much enjoyed the food provided in the home.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (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.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Some care records required additional information regarding patients' medical conditions; details were discussed with the management team and the relevant information was added prior to the completion of the inspection.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and tastefully decorated. Patient's bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for patients to sit. The manager advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was also in place to ensure that all staff complete at least one fire evacuation drill yearly.

A medicine trolley was observed unattended on two occasions within the dementia unit. Whilst the trolley was locked there was access to a prescribed medication, thickening agent and supplements on top of the trolley. Prescribed topical creams were also identified within a number of patients' bedrooms throughout the home and an unlabelled topical cream was accessible with a communal bathroom and a patient's bedroom. This information was shared with the pharmacy inspector for RQIA and an area for improvement was identified.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

Observation of the environment and staff practices evidenced that staff were not fully compliant with infection prevention and control (IPC) best practice. Details were discussed with the management team and an area for improvement has been stated for a second time.

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 baking buns with some family members in attendance, 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 nice", "Good food" and "Plenty of choice".

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. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion.

A system was in place to manage complaints and to record any compliments received about the home.

Review of accidents and incidents records which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Caroline McCrea, Registered Manager, and Mrs Sharon Loane, Operational 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 (7) Stated: Second time To be completed by: From the date of inspection	<p>The registered person shall ensure that the IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.1. and 5.2.3</p> <p>Response by registered person detailing the actions taken: The issues identified at the inspection have been communicated with the staff team and actions to be taken to ensure compliance. Staff have been requested to re-complete training in IPC. Continuous monitoring of IPC practice is in place to ensure compliance.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure that medicines are stored safely and securely as per the manufacturers' instructions and appropriately labelled.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Training, supervisions and medicines management competencies have been reviewed with relevant staff members.</p>

	Spot checks are undertaken during medication rounds to monitor practice and ensure compliance.
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Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: From the date of inspection	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: 5.2.3
	Response by registered person detailing the actions taken: Care plans have been reviewed to ensure the details of the required positional changes are included. Audits of records are undertaken to ensure that the care delivered is consistent with the care interventions in place.

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