

Unannounced Care Inspection Report 29 August 2017



Laganvale

Type of Service: Nursing Home

Address: General Nursing Unit, 37 Laganvale Mews, Moira, BT67 0RE

Tel No: 028 9261 9899

Inspector: Dermot Walsh

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 37 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Mrs Shily Paul
Person in charge at the time of inspection: Mrs Shily Paul	Date manager registered: 7 November 2007
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 37

4.0 Inspection summary

An unannounced inspection took place on 29 August 2017 from 09.30 to 17.20 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements; training and development; risk assessment; governance arrangements; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified in relation to the environment and record keeping.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Shily Paul, Registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 February 2017

There were no further actions required to be taken following the most recent 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 previous care inspection report

During the inspection the inspector met with 14 patients, seven staff, one visiting professional and one patients' representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for the period 21 August to 3 September 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 31 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person should review staffing levels to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.	Met
	Action taken as confirmed during the inspection: Discussion with staff; a review of the staffing arrangements and observation evidenced that patient's needs were met by the level and skill mix of staff on duty.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person should ensure that continence assessments are completed on admission and reviewed as required.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that continence assessments had been completed and reviewed as required.	

Area for improvement 3 Ref: Standard 7 Stated: First time	The registered person should provide a system of a more formal/structured approach to engagement with patients' relatives/representatives.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager evidenced that a new bulletin had been published regularly to keep patients' representatives up to date with information pertaining to the home. A notice was displayed at the front entrance to the home inviting patients' representatives to speak with the registered manager.	
Area for improvement 4 Ref: Standard 17 Stated: First time	The registered person should ensure a system is in place to manage safety alerts and notifications.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff evidenced that a system was in place to manage safety alerts and notifications.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 21 August to 3 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the registered manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager confirmed that they maintained a file profiling all agency staff who have worked in the home. The registered manager also confirmed that agency staff received an induction in the home prior to commencing their first shift.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Compliance with training was monitored on the monthly monitoring inspections conducted by the regional manager. Two staff consulted were of the opinion that there was, "Too much electronic learning and not enough face to face training." One staff commented, "Doing the training online is not the same as someone showing you." The staff's concerns were passed to the registered manager for their review and action as appropriate. The registered manager confirmed that all staff in the home will undergo 'Dementia Care Framework' training which commenced at the beginning of August 2017.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and had attended training pertaining to the role.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home’s environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, during the review of the environment, two identified communal rooms were identified as requiring refurbishment to ensure that they could be cleaned effectively. These areas were discussed with the registered manager and identified as an area for improvement.

Fire exits were observed to be clear of clutter and obstruction. The corridors on both sides of the general nursing unit were observed to be partly obstructed due to the storage of hoists. This was discussed with the registered manager and identified as an area for improvement as the partial obstruction of the corridor could have potential to hinder an evacuation of the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training and development and risk assessment.

Areas for improvement

An area for improvement under regulation was identified on the safe storage of hoists when not in use.

An area for improvement under standards was identified on the environment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, a patient was observed in a bedroom where a fall out mattress was folded at the end of the bed. The registered manager confirmed that the patient required the fall out mattress whilst in bed. A review of the patient’s care records did not make any reference to the use of a fall out mattress. This was discussed with the registered manager and identified as an area for improvement.

A second patient’s care records did not reflect that the care delivered to the patient was in accordance with the care recommended by another healthcare professional. This was discussed with the registered manager and identified as an area for improvement.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Supplementary care charts such as personal care, bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made. There was evidence of an upcoming staff meeting scheduled for 13 September 2017. There was evidence that a patients' meeting had been conducted in February 2017.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. A relatives' noticeboard was maintained at the entrance to the home.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement under regulation in relation to care planning and evidencing adherence to the recommendations of other health professionals.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 14 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the general nursing unit. Lunch commenced at 12.45 hours. Patients were seated around tables which had been appropriately laid for the meal. A menu was displayed on a wall at the entrance of the dining room. Smaller menus were placed on each dining table reflective of the food served. A notice on the door of the dining room referred to 'protected mealtimes' encouraging family and friends to assist patients' and discouraging other health professionals from attending during mealtimes. A second notice advised of the availability of snacks for patients outside of mealtimes. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors were required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The views and opinions of patients and patients' representatives, on the service provision of the home, was collected electronically as discussed in section 6.5. The registered manager confirmed that feedback to patients and/or their representatives of the opinions raised was provided in a published bulletin which was displayed on the relatives' noticeboard.

Seven staff members were consulted to determine their views on the quality of care within Laganvale General Nursing Unit. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Five of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

- “It’s good working here. I’m happy.”
- “I like working here.”
- “It’s dead on here.”
- “I’m happy working here.”
- “It’s really good. Love the interaction with the patients.”
- “It’s fine here.”

Fourteen patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. One of the patient questionnaires was returned. The respondent indicated that they were ‘very satisfied’ with the care provided to them.

Some patient comments were as follows:

- “It’s very good here. The staff are very good.”
- “Very good here. The food’s good.”
- “I am kept very comfortable here.”
- “It’s excellent. I am very happy here.”
- “This is a good place. They (the staff) look after us very well.”
- “The staff are fantastic.”

One patient representative was consulted during the inspection. The representative was very positive in their feedback of service provision. Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. The designated person in charge of the home was displayed on a notice at the entrance to the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Thanks to each and everyone who participated in their daily needs and took the time to make their stay as close to home as possible."

"Thank you to everyone who cared for my mother. It was very much appreciated for the tender care she received."

"Thanks for the sensitivity shown to mum and the family during our visits. We always felt welcome."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits were reviewed. The audits were conducted monthly and an action plan had been developed to address shortfalls identified within the audits. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their

representatives, staff and Trust representatives. A notice at the entrance to the home advised of the availability of the monthly monitoring reports and the annual quality report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shily Paul, Registered 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (I)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that hoists are stored safely when not in use so as they do not pose as a potential hazard to patients.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been informed through the supervision process with regards to the safe storage of hoists and equipment. A lack of storage has historically been an issue within the home. There are current plans in place to address.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2017</p>	<p>The registered person shall ensure that when a patient is assessed as requiring a fall out mattress that this is documented within the patient's care records and evidenced within the patient's care plan.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: This has been addressed for the identified resident and a review has taken place for all residents with crash mats to ensure compliance. Compliance will be monitored through the audit process.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that recommendations from other health professionals are documented; adhered to and care provided evidenced within the patients' care records.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The Recommendations from Health Care Professionals have been transcribed into the identified care record. All records have been reviewed to ensure compliance and the relevant staff have been informed of the same to avoid repetition via supervision. Compliance will be monitored through the audit process.</p>

Action required to ensure compliance with Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that the identified rooms in the home are reviewed/repared/refurbished as appropriate to ensure that they may be cleaned effectively.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A program of refurbishment will be put in place to ensure that all identified rooms are reviewed and updated as required to ensure adequate cleaning can take place.</p>
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Please ensure this document is completed in full and returned via Web Portal



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