Unannounced Care Inspection Report
9 July 2019

Richmond

Type of Service: Nursing Home
Address: 19 Seafront Road, Cultra, BT18 0BB
Tel No: 028 9042 6558
Inspector: Gillian Dowds

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.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients.

3.0 Service details

Organisation/Registered Provider: Richmond Nursing Home Ltd **Responsible Individual(s):** Sharon Ruth Radcliff-Bryans	**Registered Manager and date registered:** Sharon Ruth Radcliff-Bryans 1 April 2005
Person in charge at the time of inspection: Sharon Ruth Radcliff-Bryans	**Number of registered places:** 35
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 32

4.0 Inspection summary

An unannounced inspection was undertaken by the care inspector on 7 July 2019 from 09.30 to 18.00 hours.

The inspection assessed progress with 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.

Evidence of good practice was found in relation to care delivery, communication, training, induction of new staff and the dining experience for patients.

Areas requiring improvement were identified in relation to infection prevention and control, storage of thickening agents, falls protocol, recording and evaluation of supplementary care, wound care, evaluation of fluid targets and pressure mattress settings.

Patients described living in the home in positive terms. Patients unable to voice their opinion were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	1	7

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Ruth Radcliff-Bryans, registered manager and responsible individual, 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 13 February 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 13 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.
A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 13 June to 20 July 2019
- 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
- two staff recruitment and induction files

- four patient care records
- patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the monthly monitoring reports from January 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the four areas for improvement made all were met.

Areas for improvement from finance and medicines management inspections will be reviewed at the next inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these were subject to review depending on patient dependency. A review of the staff rota from 13 to 20 July 2019 indicated that these stated levels were adhered to. The manager also confirmed ongoing recruitment and use of agency staff to cover any shortfalls in the rota. Staff rotas confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients and did not raise any concerns about 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 attended to patients' needs in a timely and caring manner, call bells were answered promptly and staff were observed to be helpful and attentive towards patients.

We also sought staff opinion on staffing via the online survey; no responses were received

Patients spoken to were generally satisfied with the staffing levels; comments were made such as: "Enough staff haven't had any problems."

Patients' visitors spoken with were also very satisfied with staffing levels with one commenting: "Happy with the staff."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; three responses were received and all indicated that they were satisfied or very satisfied with the service at Richmond.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home. For example, enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

Review of records confirmed there was a system in place to monitor the registration status of staff and this clearly identified the registration status of all staff on both the NISCC and the NMC registers. The manager confirmed that new care staff who were not registered with NISCC were supported to register as required.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area.

There was also evidence of a system in place to ensure staff received regular supervision and appraisal.

Infection prevention and control (IPC) measures were observed to be generally adhered to within the home. The environment was clean and tidy and staff were observed to use personal protective equipment (PPE) which was readily available and also to carry out hand hygiene appropriately. We observed that some of the lids of commodes and bedrails bumpers were worn or torn and could not be effectively cleaned in accordance with IPC guidelines. In addition, touch top bins were in use rather than foot pedal bins in some of the sluice areas. This was identified as an area for improvement in order to ensure best practice standards were maintained in management of infection prevention and control (IPC) measures.

Discussion with the manager and review of records confirmed that falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

A review of the environment included samples of patients' bedrooms, bathrooms, lounges, dining room, treatment rooms, sluice rooms and toilets. The home was warm fresh smelling and fire exits and stairwells were free from clutter.

Tins of thickening agent were noted in two bedrooms and on a trolley outside the kitchen. This was discussed with the manager and an area of improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, recruitment, staffing, staff training in adult safeguarding and induction of new staff.

Areas for improvement

The following areas were identified for improvement in relation storage of thickening agents and IPC in relation to commodes, bins and bedrail bumpers.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

We observed the delivery of care to patients throughout the inspection and it was obvious staff knew their patients well and had a good understanding of their care needs. We observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring and timely manner.

Patients spoke positively about communication within the home. One patient's visitor stated that staff always spoke "very nicely" to patients.

Four patients' care records were reviewed and these evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. We also evidenced the regular evaluation of the care provided. However, registered nurses did not clearly record their evaluation of the effectiveness of care in relation to pressure mattress settings, bowel management and the ongoing review of the daily fluid targets. For example, the records reviewed did not clarify if any action was required to update pressure mattress settings; or if the patient's prescribed fluid target had been met or not; and if any intervention was required. Areas for improvement were identified.

Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to the dietician and the speech and language therapist (SALT) where required. Any recommendations made by dieticians or SALT were included in patient's care plans. Review of supplementary care records evidenced that patients' daily food and fluid intake was recorded.

Wound care files were reviewed. These files contained details of the specific care requirements and a daily record was maintained to evidence the delivery of care. Referrals were made to the tissue viability nurse (TVN), as required. From a review of records it was evident that the prescribed wound dressing regime had not been adhered to. Details were discussed with the manager and an area for improvement was identified.

Supplementary care charts were reviewed in relation to repositioning charts and bowel records. Gaps were noted in the recording. This was discussed with the manager and an area for improvement was identified to ensure they are maintained in an accurate and contemporaneous manner.

The management of falls in the home was reviewed. Care records evidenced that validated risk assessments and care plans were in place to direct the care required. Patient's risk assessments and care plans were reviewed and updated following a fall. However on discussion staff appeared unclear of the falls protocol in place in regard to the timings of neurological observations; an area for improvement was identified.

We observed the patients' dining experience during the serving of the lunchtime meal. The menu was attractively displayed in a written format outside the dining room. The dining room was clean and tidy, tables were set with cutlery, crockery and condiments were available on the tables. Staff assisted patients into the dining rooms, ensured they were comfortable and had clothing protectors on if necessary. Patients were offered a selection of drinks and staff demonstrated their knowledge of how to thicken fluids as required. Staff also demonstrated their knowledge of patient likes and dislikes. For example, staff knew which patients required a modified diet, who liked particular foods or who preferred a smaller portion.

Staff engaged in pleasant conversations with patients throughout the meal time. The food on offer was nicely presented, appeared nutritious and smelled appetising. Staff also ensured that patients requiring their lunch to be served on trays in their rooms and/or required assistance with eating and drinking; received their meal in a timely manner. Staff communicated effectively with patients throughout the meal, for example, they reminded them that food was likely to be hot and asked if they had enjoyed their meal.

Staff spoken with were positive about teamwork and morale within the home and observation of the daily routine evidenced that staff worked well together. Staff demonstrated their knowledge in what to report and who to report to if they had any concerns about a patients care. However, on discussion they did not appear aware of how to report concerns about a colleague's practice or the home's whistleblowing policy. This was discussed with the manager who confirmed the policy was in place and that staff would be updated. One staff commented: "Teamwork is good."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of patients' nutritional needs, the mealtime experience and communication between staff and patients.

Areas for improvement

The following areas were identified for improvement in relation to evaluation of pressure mattress settings, bowel management and fluid targets; staff knowledge of falls protocol, contemporaneous recording of supplementary care and wound care.

	Regulations	Standards
Total number of areas for improvement	0	6

6.5 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.

During the inspection we spoke with seven patients and four patients' visitors to discuss their experience of the home. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for. Comments from patients were positive and complimentary about life in the home, these included:

"Like it."
"Happy."
"Staff are terrific."
"Very good, happy here."
"Girls are lovely, we have a laugh."

One patient did raise concerns regarding the choice of food. Details were discussed with the manager who agreed to address this with the identified patient. We were satisfied that the home did offer a choice of meals at each mealtime.

Patients' visitors also spoke positively about their experience of the home, comments included:

"Very good."
"Happy with the staff."
"Staff brilliant, deal with patients in a caring manner not patronising."
"Caring, compassionate."

Observation of the daily routine evidenced that staff delivered planned care at the right time; patients were not rushed and were offered choice. Patients were well presented, their clothes had obviously been chosen with care.

Discussion with patients and patients' visitors about the activities on offer evidenced that these were suitable and enjoyable. During the afternoon there was a quiz in the lounge and patients were observed enjoying this.

A record was kept of cards and compliments received, remarks included:

"Thank you all at Richmond for the care love and attention you provided."
"Thank you for the care and support for my mother."
"My family and I would like to thank you and your magnificent staff for the exemplary care you gave to our father."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's working hours and the capacity in which these were worked was recorded.

Discussion with staff, patients and visitors confirmed that the manager's working pattern allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible.

Discussion with the manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans. However, it was noted that were corrective actions or improvements were identified, the action taken to address these was not always clearly recorded. This was discussed with the manager who confirmed she would review the audit process and ensure that action plans and comments were included as needed.

The manager demonstrated her knowledge of how to effectively deal with a complaint. Patients and patients' visitors spoken with knew who to speak to if they had a concern or a complaint and were confident any concerns raised would be dealt with.

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

We reviewed a sample of reports of monthly quality monitoring visits carried out by the registered provider. These included a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Observation of staff interactions with patients' evidenced effective and sensitive communication was maintained. Staff also demonstrated that effective communication was maintained within their teams. Patients' visitors spoken with confirmed they were kept very well informed of any changes and were consulted with about their relatives care needs.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to manager's availability, communication and staff training.

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 Sharon Ruth Radcliff-Bryans, manager and responsible individual 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.

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:** First time **To be completed by:** Immediate action required	The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed Ref: Section 6.3
	Response by registered person detailing the actions taken: Addressed immediately. New commodes purchased. New bins in use.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 30 **Stated:** First time **To be completed by:** Immediately from day of inspection	The registered person shall ensure thickening agents are stored safely and securely at all times when not in use. Ref: Section 6.3
	Response by registered person detailing the actions taken: Thickening agents now stored safely and securely at all times when not in use.
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 2 September 2019	The registered person shall ensure systems are in place to evidence that pressure mattress settings are kept under regular review, Ref: Section 6.4
	Response by registered person detailing the actions taken: Addressed and ongoing. Monitoring by RNs day/night.
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 31 August 2019	The registered person shall ensure that bowel management records are accurately recorded and that nursing staff evaluate the effectiveness of care. Ref: Section 6.4
	Response by registered person detailing the actions taken: Reviewed all medications, including bowel management medications prescribed. Discussed with all RNs and CAs the importance of accurate documentation/records and monitoring the effectiveness of prescribed medicine for bowel relief.

Area for improvement 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 31 August 2019	The registered person shall ensure that registered nurses review and evaluate any patient requiring a daily fluid intake target. Ref: Section 6.4
	Response by registered person detailing the actions taken: Ongoing and monitored - day and night RNs aware of the importance of fluids intake/targets and action plan in case of non compliant care. Awaiting a GP visit to review again the fluid targets towards more actionable compliance.
Area for improvement 5 **Ref**: Standard 22 **Stated:** First time **To be completed by:** Immediately from the day of inspection	The registered person shall ensure that nursing staff can demonstrate their knowledge of the home's falls protocol and in particular the duration and frequency of neurological observations. Ref: Section 6.4
	Response by registered person detailing the actions taken: Immediately addressed and ongoing. RN staff aware of this and supervisions completed.
Area for improvement 6 **Ref**: Standard 4 **Stated:** First time **To be completed by:** Immediately from day of inspection.	The registered person shall ensure contemporaneous recording on supplementary care charts is reflected in the daily evaluation of care. Ref: Section 6.4
	Response by registered person detailing the actions taken: Immediately addressed and ongoing. Monitored closely by all RNs.
Area for improvement 7 **Ref**: Standard 4 **Stated:** First time **To be completed by:** Immediately from day of inspection	The registered person shall ensure that the wound observation records are accurately maintained and reflect the prescribed wound care and treatment. The registered nurse should record a meaningful evaluation of the delivery of wound care. Ref: Section 6.4
	Response by registered person detailing the actions taken: Immediately addressed and ongoing. Supervision completed with all RNs. Discussed all concerns and to address each area of concern.

Please ensure this document is completed in full and returned via Web Portal

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