

Inspection Report

15 August 2022



Richmond

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Richmond Nursing Home Ltd Responsible Individual: Mrs Sharon Ruth Radcliffe Bryans	Registered Manager: Miss Ciara O'Neill – not registered Date registered: 18 July 2022
Person in charge at the time of inspection: Ciara O'Neill	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: 33
Brief description of the accommodation/how the service operates: This home is a Registered Nursing home which provides nursing care for up to 35 patients. The patients' bedrooms are located over three floors in the home and patients have access to communal lounges, dining room and garden.	

2.0 Inspection summary

An unannounced inspection took place on 15th August 2022 from 9:30 am to 5:30 pm by two care Inspectors.

The inspection assessed progress with all 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 home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day and were either in their own bedrooms or one of the communal rooms. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

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

Areas requiring improvement were identified including staff training; menu choices; provision of meals; and storage of items such as thickening agents. Further areas for improvement were identified in relation to care records.

Of the three areas for improvement identified at the previous inspection, two were met and one was not met. This area has been stated for a second time.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with the Ciara O'Neill, Manager and the senior management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; “staff are lovely” and “I enjoy the activities, especially Arlene on a Tuesday and Thursday”. Patients were positive about the cleanliness of the home and the care provided. Two patients commented that the Home could “do with more staff”.

Staff consulted during the inspection said they were happy working in the home. Staff said that staffing levels were satisfactory and they felt well supported by the manager.

Relatives told us they were satisfied with communication and all aspects of the care provided.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative or staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team. This is good practice.

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 15 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10 (1) Stated: Second time	The registered person shall ensure that a robust programme of audit is implemented to ensure that safe systems are in place. Learning from the outcome of the audits or any errors/incidents should be included in an action plan and shared with relevant staff.	Met
	Action taken as confirmed during the inspection: A review of audits evidenced that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: Second time	The registered person shall ensure the references requested when recruiting an employee includes one from the applicant's present or most recent employer.	Met
	Action taken as confirmed during the inspection: A review of recruitment files evidenced that this area for improvement was met as stated.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that the raised toilet seats and commodes in the home are effectively cleaned following each use.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met. This is discussed further in Section 5.2.3.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Appropriate 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) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. While training had been completed by some staff in relation to Deprivation of Liberty Safeguards, newer members of staff had yet to complete training. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Gaps in the duty rota were supplemented with agency staff when this was required.

Staff in the home responded to the needs of the patients in a timely way and provided patients with a choice on how they wished to spend their day.

For example, staff supported patients who wished to spend time in the communal areas of the home and those who wished to remain in their own rooms.

Staff told us that the patients' needs and wishes were important. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff were friendly. Staff were observed responding to patients requests promptly and it was evident that they knew the patients well and how best to assist them.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. A number of these were observed in use throughout the home. Examination of patients' care records gave conflicting rationales for the use of such restrictions. It was also noted that alarm mats were inappropriately placed in some of the bedrooms.

In addition, as part of the home's risk assessment during the COVID pandemic, the front door to the home was locked during the day to protect service users. This had since become custom and practice in the home, and was included as a safety measure for a small number of patients who are subject to DoLS. However; the impact of this restricted practice had not been reviewed in keeping with the home's registered categories of care, or the potential impact on other patients not subject to a DoLS. This was discussed with the manager who agreed to implement systems to maintain oversight and review of these arrangements. An action plan was submitted to RQIA following the inspection. Three areas for improvement were also identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced the effective delivery of pressure area care to patients.

Examination of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall. For example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example the Tissue Viability Nurse and were following any recommendations made by these professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable and had a pleasant experience.

Meals were delivered to some patients in their bedrooms. However; there was a delay in serving some of these meals, and meals were not appropriately stored to maintain their temperature and ensure food was served hot. This was discussed with the manager and two areas of improvement were identified.

The lunchtime menu did not offer an alternative option. The meal on offer was also not reflective of the meal on the menu. Kitchen staff advised that this was to aid the patients' nutrition as the food served was easier to swallow. However; this option was being served to all patients, including those on a normal diet who do not have an assessed risk of choking. This was discussed with the manager and identified as an area for improvement.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However, in two identified patient's care records, care plans and risk assessments had not been developed in a timely manner and one patient's care record care plans in relation to communication or sleeping were not developed. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Patients care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that, in general, the home was clean, tidy and well maintained. Patients said they were happy with their bedrooms and that they were satisfied that the home was kept clean and tidy.

The décor in patients' rooms was tasteful and patients' bedrooms were personalised with items of memorabilia which was important to them.

However; some deficits were noted. A bedroom carpet was badly stained. This was brought to the attention of the manager who confirmed this had been addressed following the inspection. As stated in section 5.1, some of the raised toilet seats and commodes were not effectively cleaned. An area for improvement is stated for a second time.

Thickening agents were not securely stored. This was highlighted to the manager for immediate action and an area of improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said they enjoyed the activities provided in the home and that it was their choice whether or not to take part in these. In the afternoon of the inspection, patients were treated to live music.

Patients were encouraged to participate in regular meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, on visiting arrangements, planning of activities and life in the home.

Patients spoken with told us that activities were provided which involved both groups and one to one sessions. Spiritual needs were attended to within the home environment. Birthdays and holidays were also celebrated in the home.

Staff were observed attending to patients' needs in a timely manner during the inspection and maintaining their dignity by offering personal care discreetly; staff also ensured patient privacy during personal interventions. Patients were offered choices by staff throughout the day, such as, where and how they wished to spend their time and what activities they wished to avail of.

Visiting arrangements were in place in line with the current guidance.

Patients said that they felt staff listened to them and would make an effort to 'sort out' any concerns they might have.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection. Miss Ciara O'Neill has been the manager in this home since 18 July 2022. The manager said they felt well supported by senior management and the organisation. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, care records, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy.

The deputy manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints.

Staff commented positively about the manager/the management team and described them as supportive, approachable and always available for guidance. Discussion with the staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are 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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ciara O'Neill, manager and representatives of the management team, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to health and safety of the patients is identified and so far as possible eliminated.</p> <p>This is stated in reference to the storage of thickening agents within the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Thickening agents were removed on day of inspection and are stored safely in the kitchen where only staff have access to.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the raised toilet seats and commodes in the home are effectively cleaned following each use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The raised toilet seats reported were cleaned immediately. Housekeeping staff instructed to be more adherent to cleaning policies. Robust audits and spot checks in place to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all staff complete relevant training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All RN staff have completed Level 2,3 and 4a Mental Capacity Act training and Care Staff have completed Level 2 in Deprivation of Liberty.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Individualised risk assessments for each patient are completed within 24 hours of admission and care plans are completed within five days of admission to the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All RNs have been reminded of the importance of compliance in relation to Care Plans in a timely manner to promote effective evidence based care.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that when restrictive practices are used, prevention strategies are evidenced and in place to minimise the need for the use of restrictive interventions and are reflective of the patient's needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken We have reviewed care plans for residents who require further safety measures and ensured rationale for same is documented effectively. We continue to audit restrictive practices and keep evolving changes under review.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the deployment of staff throughout the home to ensure the number and ratio of staff on duty meets the needs of patients at all times. Specifically, during the lunch time meal.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Daily task sheet has been reviewed and the implementation of delegated staff at mealtimes ensures efficacy of care. Staff levels are calculated based on the Rhys Hearn Dependency tool to ensure adequate ratio of staff to residents.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure robust arrangements are in place with regard to maintaining the temperature of all meals served to patients when dining in their bedrooms.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: It has been reinforced with the Kitchen staff that meals being brought to rooms are the last ones to be plated and care staff are deployed to take them promptly to those residents.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure assistance is provided at meals in a timely manner and that patients are provided with a varied diet which meets their individual dietary needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: It has been reinforced with Kitchen Staff that the food served accurately reflects the menu on display. Alternative meal choice at mealtimes continues to be offered. Additional training delivered for all staff by Trust Speech & Language Therapy team to enhance knowledge and confidence. Management Team have implemented a Meal-Time Co-Ordinator to oversee Recommendations for Eating, Drinking and Swallowing to ensure that residents are provided with a varied</p>

	diet to meet their individual dietary needs.
<p>Area for improvement 7</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the system in place for maintaining oversight for those patients requiring a DOLS.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: DOLS register has been created and gaps identified have been raised with the relevant Care Management and Trusts.</p>

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