

Inspection Report

15 November 2021



Richmond

Type of service: Nursing Home
Address: 19 Seafront Road, Cultra, BT18 0BB
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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	Registered Manager: Mrs Jennifer Turnbull – registration pending
Responsible Individual: Mrs Sharon Ruth Radcliffe	
Person in charge at the time of inspection: Ms Jelsy Joseph, Nurse in Charge	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: 26
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 and patients have access to communal lounges, dining room and garden.	

2.0 Inspection summary

An unannounced inspection took place on 15 November 2021, between 9.30 am and 6.00 pm by care and pharmacist inspectors.

The findings of the last inspection on 21 June 2021 indicated that robust arrangements were not in place for all aspects of care and medicines management.

Areas for improvement were identified in relation to infection prevention and control, falls management, fire risks, medicines management, staffing, auditing and staff training.

These findings were discussed during two meetings which were held on 25 June 2021 with the responsible individual, manager and members of the management team. The first meeting was to discuss the serious concerns noted for the management of medicines, the second meeting was held with the intention of issuing two Failure to Comply Notices with regards to fire risk and the general management of the home. Following these meetings, RQIA decided that the Failure to Comply notices would not be issued. A period of time would be given to implement the necessary improvements and that this follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

The inspection assessed progress with all areas for improvement identified during the last inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led. It was positive to note that as a result of this inspection only one new area for improvement was identified. Areas for improvement which were met or partially met are discussed in the main body of the report.

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.

Significant improvements in the management of medicines were observed during this inspection. There were robust arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management. The responsible individual (RI) was reminded that the improvements must be sustained.

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 and 'Tell Us' cards 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.

4.0 What people told us about the service

We spoke with eight patients and four staff members who spoke positively about the services provided in Richmond. All comments, including those from two visitors were passed to the responsible individual for consideration or action if required. No questionnaires were received following the inspection and there was no response from the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

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

The last inspection to Richmond was undertaken on 21 June 2021 by two care inspectors and a pharmacist inspector.

Areas for improvement from the last inspection on 21 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control issues identified on the inspection are managed to minimise the risk and spread of infection. This is stated with regards but not limited to: <ul style="list-style-type: none"> • the effective cleaning of the hand soap dispensers. • gloves are appropriately stored. 	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met as stated. See section 5.2.3 for further detail.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 27 (4) (d) (iii)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the corridors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met as stated. See section 5.2.3 further detail.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are recorded accordingly.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met. See section 5.2.1 further detail.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p>	<p>The registered person shall review the management of controlled drugs in relation to disposal, administration and record-keeping</p> <hr/> <p>Action taken as confirmed during the inspection: The management of controlled drugs has been reviewed. All records had been appropriately completed. See Section 5.2.4</p>	<p>Met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall review the numbers and deployment of staff throughout the home to ensure the number and ratio of staff on duty at all times to ensure the needs of patients are met.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of care delivery and feedback from patients and staff evidenced that this area for improvement was met. See section 5.2.2 for further detail.</p>	<p>Met</p>

<p>Area for Improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of the administration of medicines are accurate and completed contemporaneously.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The records of the administration of medicines had been fully and accurately completed. See Section 5.2.4.</p>		
<p>Area for Improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>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.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Improvement had been observed in the governance audits however the development of these audits to include an oversight of areas such as the use of restraint is to be developed and all action plans to be signed when deficits addressed.</p> <p>Medicines management audits had been completed regularly and an action plan was produced to address any shortfalls when required.</p> <p>This area for improvement was partially met and therefore stated for a second time.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that training on the use of PPE and hand hygiene is embedded into practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation on the day of the inspection evidenced that his area for improvement was met. See section 5.2.3 for further detail.</p>		

Area for Improvement 2 Ref: Standard 28 Stated: Second time	The registered person shall ensure that a record of all incoming medicines is maintained.	Met
	Action taken as confirmed during the inspection: A record of all incoming medicines had been completed. See Section 5.2.4.	
Area for Improvement 3 Ref: Standard 28 Stated: Second time	The registered person shall review the management of eye preparations to ensure these are stored appropriately and administered as prescribed.	Met
	Action taken as confirmed during the inspection: Eye preparations were stored appropriately and administered as prescribed. See Section 5.2.4.	
Area for Improvement 4 Ref: Standard 29 Stated: Second time	The registered person shall review the management of the disposal of medicines to ensure the appropriate procedures for nursing homes are being followed.	Met
	Action taken as confirmed during the inspection: The disposal of medicines had been reviewed and the appropriate procedures were being followed. See Section 5.2.4.	
Area for Improvement 5 Ref: Standard 38 Stated: First time	The registered person shall ensure the references requested when recruiting an employee includes one from the applicants present or most recent employer.	Partially met
	Action taken as confirmed during the inspection: Whilst references were available for one record for a recent employee the reference from the most recent employer was not available or a reason for same documented. This area for improvement was partially met and therefore stated for a second time.	

Area for Improvement 6 Ref: Standard 41 Stated: First time	The registered person shall ensure that the nurse manager's hours are included on the duty rota and identify either management duty or working as a lead nurse.	Met
	Action taken as confirmed during the inspection: A review of the duty rota evidenced that this area for improvement was met. See section 5.2.2 for further detail.	
Area for Improvement 7 Ref: Standard 18 Stated: First time	The registered person shall ensure that the reason for and the outcome of administration of medicines prescribed for administration on a "when required" basis for the management of distressed reactions are recorded. Care plans should be in place to direct the care of the patient in this regard.	Met
	Action taken as confirmed during the inspection: The appropriate records were completed for the management of distressed reactions. See section 5.2.4.	
Area for improvement 8 Ref: Standard 30 Stated: First time	The registered person shall review the storage of medicines to ensure that they are stored within the required temperature range.	Met
	Action taken as confirmed during the inspection: Action had been taken to ensure that medicines were stored within the correct temperature range. See Section 5.2.4.	

5.2 Inspection findings

5.2.1 Care delivery

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. This was good practice.

Patients who were less able to mobilise were assisted by staff to change their position regularly. Care plans were in place to direct the care in the repositioning of the patient. Records were maintained of when the patient was assisted to reposition.

If a patient had an accident or a fall, an accident report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents and post falls observations were recorded as required.

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, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the patients' nutritional needs and provided assistance and support as needed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Staff communicated well with patients who had difficulty in making their wishes or feelings known. Staff responded promptly to patients requests for assistance and were knowledgeable about their daily routines.

5.2.2 Staffing

Safe staffing begins at the point of recruitment. There was a system in place to ensure staff were recruited correctly to protect patients as far as possible. However; the necessary employment references were not in place before one staff member started working in the home. This was discussed with the responsible individual and an area for improvement was stated for a second time. Following the inspection, RQIA received written confirmation that the required employment checks were now in place.

There were systems in place to ensure staff were trained and supported to do their job. Written information provided following the inspection confirmed this. Staff said that teamwork was good and everyone worked well together. The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager's hours were clearly recorded on the duty rota.

Observation during the inspection evidenced there was enough staff in the home to respond to the needs of the patients in a timely way and to provide 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 responded to requests for assistance promptly in a caring and compassionate manner.

5.2.3 The internal environment and Infection prevention and control (IPC)

Inspection of the home's environment included a selection of bedrooms, communal areas such as lounges and bathrooms, and storage spaces. Patients' bedrooms were personalised with items that were important to them and reflected their likes and interests. It was observed that the soap dispensers were effectively cleaned and gloves appropriately stored, the area for improvement stated in regard to this was therefore met.

Corridors and stairwells in the home were free from obstruction the area for improvement identified at the previous inspection was therefore met.

Some equipment, such as the underside of a small number of raised toilet seats and commodes, was not effectively cleaned. This was discussed with the responsible individual and an area for improvement was identified.

Discussion with the responsible individual confirmed that there were arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. Regional testing arrangements for patients, staff and care partners had been implemented and any outbreak of infection was reported to the Public Health Authority (PHA). Current visiting guidance was discussed with the responsible individual and the manager, who confirmed that the home is facilitating visiting in line with this guidance.

Review of records, observation of practice and discussion with staff confirmed that 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 Medicines Management

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a patient. A sample of these records was reviewed and showed that they had been fully and accurately completed.

Records of the receipt of medicines into the home are completed on the MARs and any medicines received outside of the monthly cycle are recorded in a separate book. The registered provider was reminded that this record must be completed fully and contain all of the required information. It was agreed that this would be reviewed during the routine audit process.

A review of the management of eye preparations showed that they were stored appropriately and had been administered as prescribed. All eye preparations were marked with the date of opening to facilitate disposal when the expiry date was reached.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for two patients. Care plans detailing the parameters for administration of medicines for distressed reactions were in place. The reason and outcome of administration of medicines for distressed reactions was consistently documented.

Within nursing homes, medicines must be disposed of in the appropriate waste disposal bins and a record of the disposal completed. It is considered good practice for two staff to be involved in this process. Controlled drugs must be denatured prior to disposal so that they cannot be retrieved. Review of the disposal of controlled drugs in the controlled drugs record book indicated that they had been appropriately denatured prior to disposal. A small number of Schedule 4 controlled drugs had been disposed of. Staff were reminded that Schedule 4 controlled drugs must also be denatured prior to disposal.

At the time of the last inspection the temperature medicines storage area was observed to be above the required temperature of 25°C. A number of fans and a cooling system have since been installed and

the temperature was mostly below 25°C. The registered person agreed to closely monitor these arrangements to ensure that the temperature remains in the required range.

5.2.5 Governance and management arrangements

There was a change of management since the last inspection. Mrs Jennifer Turnbull is the manager of the home since 1 November 2021 and application for registered manager has been received.

There was evidence of improvement in the audits to monitor the quality of care and other services provided to patients. However, in some of the audits not all action plans were signed as completed and further development of the audit that reviews the use of restraint in the home was required. This was discussed with the responsible individual and an area for improvement was partially met and therefore stated for a second time.

Audits on the management of medicines had been completed regularly by registered nurses and the manager. Where improvements were required, an action plan was drafted and completed. This had been effective in driving the required improvement. There were some areas of medicines management which were not included in the current audit system. This was discussed with the responsible individual, who advised that these areas were regularly monitored however this may not be recorded in the audit template. It was agreed that the audit template would be reviewed to include these areas.

Each service has an adult safeguarding champion appointed, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The 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.

Patients said that they knew how to report any concerns and said they were confident that their concerns would be addressed. Review of the home's record of complaints evidenced a robust system was in place for the management of complaints.

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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents 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 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 and a copy was retained in the home to view.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The home was clean, bright and welcoming. Staff engaged positively with patients and chatted with patients in a friendly manner about daily life in the home.

The staff were seen to be responsive to patients' requests and had a good knowledge of their individual needs, likes and dislikes.

The staff worked well as a team and were aware of their roles and responsibilities in regard to the care of patients.

Based on the inspection findings, one new area for improvement was identified. Compliance with the areas for improvement will further enhance the service provided in Richmond.

In relation to medicines management, this inspection concluded that all areas for improvement identified at the last inspection had been addressed. No new areas for improvement were identified. RQIA can be assured that the home was well led and delivering safe, effective and compassionate care with regards to medicines management. The responsible individual was reminded that the improvements must be sustained.

We would like to thank the patients and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Ruth Radcliff, Responsible Individual, 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).

<p>Area for improvement 1</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2022</p>	<p>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.</p> <p>Ref 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Action Plans were already in place for all audits and learning from the outcome shared with relevant staff. This is evidenced through nurse communication book, handovers and staff meetings which were available on day of inspection.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2022</p>	<p>The registered person shall ensure the references requested when recruiting an employee includes one from the applicant's present or most recent employer.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: For this particular employee, 2 references were received, and most recent employer had been emailed for reference which when received had been forwarded to inspector. A system is in place to obtain references and if not available the reason for same is documented.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</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: Systems are in place to ensure that all raised toilet seats and commodes are effectively cleaned and that none are missed after daily use.</p>

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