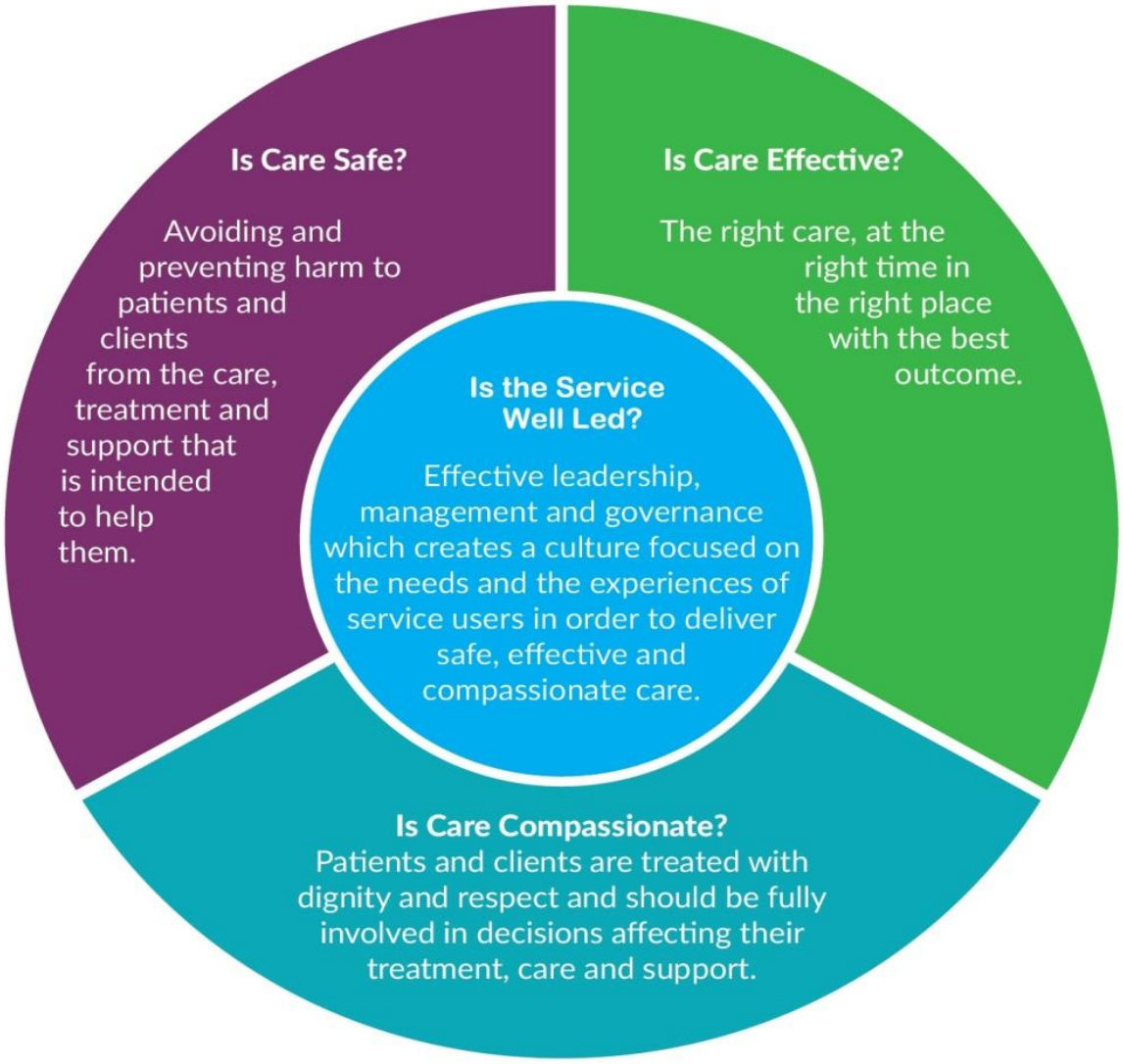
Unannounced Care Inspection Report
17 July 2018

Richmond

Type of Service: Nursing Home (NH)
Address: 19 Seafront Road, Cultra, BT18 0BB
Tel No: 028 9042 6558
Inspector: Kieran McCormick

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 to provide nursing care up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Richmond Nursing Home Ltd **Responsible Individual:** Sharon Ruth Radcliffe-Bryans	**Registered Manager:** Sharon Ruth Radcliffe-Bryans
Person in charge at the time of inspection: Sharon Ruth Radcliffe-Bryans - Registered Manager	**Date manager registered:** 1 April 2005
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 registered places:** 35

4.0 Inspection summary

An unannounced inspection took place on 17 July 2018 from 14.50 to 21.40.

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 communication with patients, their representatives and members of the multiprofessional team, governance arrangements and adult safeguarding. There was also evidence of good practice in relation to the management of staff training.

Areas requiring improvement were identified and included completion of patient care records, management of pressure reliving equipment, skill mix of registered nurses, governance of staff professional registration with the relevant professional body, management of patients' confidential records, communal use of patient clothing and completion of a quality monitoring report on a monthly basis.

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.

There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*4	3

*The total number of areas for improvement include one which has been stated for a second time. and which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Ruth Radcliffe-Bryans, registered manager/responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 27 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2018.

Given the concerns identified at the last inspection a meeting was arranged with the intention of issuing a failure to comply notice regarding safe, robust and effective recruitment practices.

During this meeting the registered manager/responsible individual acknowledged the failings identified and provided an action plan to address the identified concerns. Based on the information and assurances provided regarding the management and governance arrangements in respect of recruitment practices, RQIA made a decision not to serve the failure to comply notice.

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with five patients, 10 staff and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager/responsible individual with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 July 2018
- 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
- three patient care records
- three patient care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints/concerns record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 areas for improvement from the most recent inspection dated 27 February 2018 Year

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 15 (2) **Stated:** First time	The registered provider must ensure that risk assessments and associated care plans are regularly reviewed and revised at any time when it is necessary to do so having regard to any change of circumstances.	**Not met**
	Action taken as confirmed during the inspection: The care records for one patient evidenced that these had not been consistently reviewed or evaluated following an accident/incident. **This area for improvement has not been met and will be stated for a second time.**	
Area for improvement 2 **Ref**: Regulation 30 **Stated:** First time	The registered provider must ensure that accidents/incidents occurring in the home are notified to RQIA in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30. Accidents/incidents dating back to 1 June 2016 should be reviewed and retrospective notifications submitted as required. Refer to RQIA's guidance; A Statutory Notification of Incidents and Deaths: Guidance for Registered Providers and Managers of Regulated Services, July 2015, which is available on the web site www.rqia.org.uk.	**Met**
	Action taken as confirmed during the inspection: Accidents/incidents reviewed in comparison to the notifications received by RQIA evidenced that where relevant a notification to RQIA had been submitted.	

Area for improvement 3 **Ref**: Regulation 21(1)(a) and (b) **Stated:** First time	The registered person shall ensure that a satisfactory AccessNI check is in place prior to the person commencing work in the nursing home.	**Met**
	Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that an AccessNI check had been completed prior to commencing work in the home.	
Area for improvement 4 **Ref**: Regulation 21 **Stated:** First time	The registered person shall ensure that were a previous employer will not provide written references; there is evidence maintained to demonstrate all reasonable steps taken to secure an employment reference prior to the person commencing work in the nursing home. In addition the registered person must demonstrate that they have sought to determine the suitability of person applying to work in the nursing home. For example, the recording of an interview process.	**Met**
	Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that interview notes and appropriate references where on file.	
Area for improvement 5 **Ref**: Regulation 19 (2) **Stated:** First time	The registered person shall ensure that records as required are available for inspection. For example – reports of visits undertaken in accordance with regulation 29. Arrangements to access records in the absence of the registered person should be put into place.	**Met**
	Action taken as confirmed during the inspection: Completed regulation 29 reports where accessible on the day of inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 42 **Stated:** First time	The registered provider should ensure that staffing levels are reviewed from 18:00 hours to ensure patients' needs are met.	**Met**
	Action taken as confirmed during the inspection: No concerns were raised by patients, their representatives or staff regarding staffing levels in the home. Observation of staff practices and routine evidenced patients needs being appropriately and efficiently attended to.	

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/responsible individual, at the commencement of the inspection, confirmed the planned daily staffing levels for the home. Discussion with patients, relatives and staff confirmed that they had 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 and that staff attended to patients' needs in a timely and caring manner. Staff rotas also confirmed that catering and housekeeping staff were rostered to help meet the needs of the patients and to support the nursing and care staff.

Discussion with staff evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance.

Discussion with staff responsible for managing training indicated that training was planned to ensure that mandatory training requirements were met. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A review of training records provided assurance of compliance with mandatory training requirements; there were arrangements in place for the training of existing and new staff members. Observation of the delivery of care evidenced that training had been embedded into practice. Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of accident/incident records evidenced that, as required, these had been reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Fire exits and corridors were observed

to be clear of clutter and obstruction. We observed a staff toilet area to be used for storage and one patient bathroom to have a number of items inappropriately stored. These matters were discussed with the registered manager/responsible individual who provided assurances that immediate action would be taken to address these issues.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures guidance were consistently adhered to.

Review of two staff recruitment files evidenced that these had been maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC). However, two staff who were identified on the duty rota as registered nurses had not been included in the monthly NMC checks. When discussed with the registered manager/responsible individual confirmed that the two staff members were qualified nurses from a European country who were awaiting registration with the NMC. This matter was discussed with RQIA senior management post inspection. The registered manager/responsible individual was informed that the two staff members could not be identified as registered nurses when they did not have a 'live' NMC registration. The registered manager/responsible individual was advised to immediately review the skill mix of staff to ensure that the appropriate staffing level of registered nurses was adhered to at all times. An area for improvement under the regulations was made.

A review of records to monitor the registration of care staff with the Northern Ireland Social Care Council (NISCC) evidenced a number of care staff who had not commenced the process for registration with NISCC despite having been employed in the service for some months. An area for improvement under the regulations was made.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the professional registration of care staff and the compliment of registered nurses working in the home.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

A review of three patients' care records evidenced that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians.

The care records and risk assessments for one patient evidenced that these had not been consistently reviewed or evaluated following an accident/incident; a previous area for improvement has been stated for a second time.

We reviewed the management of food and fluid intake, weight and wound care as recorded within patients' care plans and supplementary care charts. We evidenced a number of inconsistencies in record keeping as follows:

- care plans did not reflect the prescribed fluid target for individual patients
- for one patient the fluid intake on a given day varied greatly and supplementary records demonstrated no record of fluids offered or given to the patient after 17.00 hours
- records were not consistently signed and dated
- skin care plan for one patient did not reflect the required frequency of repositioning
- the inspector noted that the setting on pressure reliving mattresses for a total of three patients had not been maintained in accordance with the individual weight of the patient
- care plans for patients did not reflect the prescribed pressure reliving mattress required and the setting for which it should be set.

The concerns identified regarding patient care records and management of equipment were discussed with the registered manager/responsible individual and an area for improvement under the regulations was made.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 the registered manager/responsible individual or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient representatives confirmed their input into the care planning process. There was evidence of regular communication with representatives within the care records.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who the registered manager/responsible individual was.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to patient care records and management of pressure reliving equipment.

	Regulations	Standards
Total number of areas for improvement	1	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.

We arrived in the home at 14.50 and were greeted by the registered manager who was helpful and attentive. Patients were observed to be resting in one of the two communal lounges or in their bedroom as was their personal preference.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. An afternoon activity of armchair exercises and massage therapy was observed being delivered to patients in one of the lounges.

We observed a variety of confidential patient records left unattended on a table in the dining room, this information had the potential to be accessed by persons without authority, this was discussed with the registered manager/responsible individual who agreed to address this and an area for improvement under the standards was made.

We observed the serving of the teatime meal. Staff were observed wearing appropriate personal protective equipment (PPE). Patients were assisted to the dining room or had trays delivered to them as required; food leaving the dining room on trays or trolleys was observed to be covered. Staff were observed appropriately assisting patients with their meal and the registered manager/responsible individual was overseeing the mealtime experience. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Observation in the laundry area evidenced a box of 'net pants', socks, tights and stockings that had been laundered, but none were identified with patient names. This practice has the potential for these items to be used communally in the home. An area for improvement in this regard has been made under the standards.

All patients, who spoke with the inspector, were positive in their comments regarding their experience of living in Richmond.

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- ‘‘…an excellent service which is very well run”
- “....this is a very caring home, the food is great and the staff have really got to know my mum.”

In addition to speaking with patients, their relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

13 questionnaires were received from patients and/or their representatives. All questionnaires received indicated satisfaction across the four domains of safe, effective, compassionate and well led care. Comments received included:

“….every effort is made by the staff to look after my mother”
“….the staff have been very proactive in adapting care for their changing needs. The care home has exceeded my high expectations”
“….staff are very kind and helpful”
“….any concerns I have ever had have been dealt with very quickly and more than adequately”
“….weekend cover could be better.”

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

A record of compliments and thanks were available in the home. Some of the comments recorded included:

“….your kind care and attention to my mother and all her needs is very much appreciated”.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Observation of the home's environment evidenced that it had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with processions that were meaningful to the patient and reflected their life experiences.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the storage of confidential patient records and the communal use of clothing amongst patients in the home.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The registered manager/responsible individual and nursing staff were knowledgeable in regards to the registered categories of care for the home.

Since the last inspection there has been no change in management arrangements.

Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/responsible individual.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints and/or concerns were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager/responsible individual and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Discussion with the registered manager/responsible individual and a review of records evidenced a sample of monthly quality monitoring visits completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However a monthly quality monitoring report had not been completed each month, with a report for January and June 2018 having not been completed, an area for improvement under the standards was made.

Discussion with the registered manager/responsible individual 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to ensuring the completion of a quality monitoring report on a monthly basis.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Radcliffe-Bryans, registered manager/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 15 (2) **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure that risk assessments and associated care plans are regularly reviewed and revised at any time when it is necessary to do so having regard to any change of circumstances. **Ref: sections: 6.2 & 6.5**
	Response by registered person detailing the actions taken: Care Plans are audited by both Sisters to ensure that risk assessments and Care Plans are regularly reviewed and revised to reflect any change in circmstances. Regular RN staff meetings to ensure this.
Area for improvement 2 **Ref:** Regulation 20 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that only those persons on the live NMC register are identified as registered nurses on the duty rota. Staffing skill mix must be reviewed to ensure it reflects the Care Standards for Nursing Homes –Standard 41.4 **Ref: section: 6.4**
	Response by registered person detailing the actions taken: Duty rota reflects this with immediate effect.
Area for improvement 3 **Ref:** Regulation 20 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that existing staff working in the home, who are required to do so, have an active/valid registration with the NISCC and that new staff must have this be in place within 6 months from commencing their post. **Ref: section: 6.4**
	Response by registered person detailing the actions taken: Systems put in place to ensure staff have valid registration with NISCC. Assistance given to staff to make the application to NISCC.

Area for improvement 4 **Ref:** Regulation 12 **Stated:** First time **To be completed by:** Immediate action required	The registered person should ensure that patient: • repositioning charts, are completed contemporaneously • that food and fluid care plans reflect the prescribed fluid target for individual patients and are dated and signed by the prescribing nurse • that food and fluid charts are recorded contemporaneously • where required patients' care plan reflect the required frequency of repositioning • care plans reflect the type of pressure reliving equipment in use • care plans reflect the settings for pressure reliving equipment and that the equipment setting is maintained in accordance with individual patient need. **Ref: section 6.5**
	Response by registered person detailing the actions taken: All addressed with immediate effect and ongoing updating of staff on daily handover and staff meetings.
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 37 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that confidential patient care records and information are securely stored at all times. **Ref: section 6.6**
	Response by registered person detailing the actions taken: Files are stored securely in basket in Nurses' Office.
Area for improvement 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that net pants, stockings, socks and tights are provided for each patient's individual use and any unlabelled items are identified and labelled or disposed of to eliminate the potential for communal use. **Ref: section 6.6**
	Response by registered person detailing the actions taken: All items immediately labelled for individual use.
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time	The registered person shall ensure that a quality monitoring report is completed, on a monthly basis. **Ref: section 6.7**

To be completed by: Immediate action required	**Response by registered person detailing the actions taken:** Quality monitoring report has now been completed and will be completed each month.

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

The Regulation and Quality Improvement Authority

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