Unannounced Care Inspection Report
27 November 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 registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Richmond Nursing Home Ltd **Responsible Individual(s):** Sharon Ruth Radcliff-Bryans	**Registered Manager:** Sharon Ruth Radcliff-Bryans
Person in charge at the time of inspection: Alex Coughlin – registered nurse – from 10.30 hours to 11.30 hours. Sharon Ruth Radcliff-Bryan – registered manager – joined the inspection at 11.30 hours.	**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 27 November 2018 from 10.30 hours to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress 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 the holistic culture and ethos of care delivery; governance arrangements and communication between staff and patients. Other notable areas of good practice were also found in relation to teamwork, understanding of roles and responsibilities and completion of monitoring visits.

Areas requiring improvement were identified in relation to patient care records, storage arrangements and recording of hours working by the registered manager.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. 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.

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	3

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

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Ruth Radcliff-Bryans, registered manager/responsible person, 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 17 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 17 July 2018. 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

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 previous care inspection report
- pre-inspection audit.

During the inspection we met with five patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten 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 with 'Have we missed you cards' which were then placed in a prominent position 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 main door entering the nursing home.

The following records were examined during the inspection:

- duty rota for all staff from 28 October 2018 to 24 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two staff recruitment files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- RQIA registration certificate
- a sample of monthly quality monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially 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 17 July 2018

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 17 July 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:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: A review of three patients care records evidenced that risk assessments and care plans were regularly and consistently reviewed.	

Area for improvement 2 **Ref:** Regulation 20 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of duty rotas evidenced that only those persons on the live NMC register were identified as registered nurses. A review of the staffing skill mix provided assurances that staffing of the home was in accordance with standard 41.4.	
Area for improvement 3 **Ref:** Regulation 20 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of the monthly NISCC checks evidenced that all relevant staff were appropriately registered.	
Area for improvement 4 **Ref:** Regulation 12 **Stated:** First time	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 plans 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. **This area for has been partially met and has there been stated for a second time.**	**Partially met**

	Action taken as confirmed during the inspection: Review of a sample of patient care records evidenced that food and fluid and repositioning charts were contemporaneously maintained. Individual patient care plans had been updated to include the required frequency of patient repositioning. However care plans did not detail the prescribed fluid target for individual patients, the type of pressure relieving equipment in use and the setting for which the pressure reliving equipment should be set at in accordance with individual need. **This area for improvement has been partially met and will be stated for a second time.**	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 37 **Stated:** First time	The registered person shall ensure that confidential patient care records and information are securely stored at all times.	**Met**
	Action taken as confirmed during the inspection: On the day of inspection confidential care records were observed to be securely stored.	
Area for improvement 2 **Ref**: Standard 6 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager, laundry assistant and observations of the laundry environment provided assurances that clothing items were labelled for individual patient use.	
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that a quality monitoring report is completed, on a monthly basis.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of reports provided assurances that a monthly reported had been consistently completed since the last inspection.	

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 nurse in charge confirmed the planned daily staffing levels for the home. A review of the staff duty rota from 28 October 2018 to 24 November 2018 evidenced that the planned staffing levels were adhered to. Review of duty rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. 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.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Richmond.

We reviewed accidents/incidents records from August 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Review of two staff recruitment files and information submitted post inspection evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

A review of records confirmed that falls occurring in the home were analysed to identify if any patterns or trends were emerging.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling, clean throughout and had been tastefully decorated for Christmas. Fire exits and corridors were observed to be clear of clutter and obstruction. Some environmental issues were identified during the inspection this included the storage of inappropriate items in an identified bathroom and shower room, these matters were discussed with the registered manager and an area for improvement under the standards was made. The inspector also identified a faulty magnetic hold on an identified bedroom and oxygen cylinders stored in an inappropriate location; these matters were discussed with staff and were addressed prior to the conclusion of the inspection.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, governance, adherence to infection prevention and control best practice and the home's environment.

Areas for improvement

The following area was identified for improvement in relation to inappropriate storage in identified areas.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patients' care records evidenced improvement regarding the provision of detail specific to individual patient care requirements and a daily record was maintained to evidence the delivery of care. Care records were consistently reviewed/evaluated by registered nursing staff. However we observed care plans for the management of nutrition and hydration did not include the assessed fluid target for the patient. In addition care records had not been updated to include details regarding the individual use of pressure reliving equipment. This was discussed with the registered manager and a previous area for improvement has been stated for a second time. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Review of post falls management evidenced that in the case of an identified patient the falls risk assessment had not been consistently reviewed post fall despite the patient having had recent and recurrent falls. This was discussed with the registered manager and an area for improvement under the standards was made. Review of the falls management policy and procedure evidenced that the policy had not been reviewed since 2015. This was discussed with the registered manager for their attention and will be followed up at the next care inspection.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Trust care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as patient repositioning, food and fluid intake records evidenced that contemporaneous records were maintained.

Staff were aware of the importance of handover reports in ensuring effective communication.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to the completion of post fall risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

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 10.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The home had recently celebrated their 30th anniversary, review of photographs and discussion with patients evidenced the enjoyment had by patients at the event.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. 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. Staff were observed to be promptly and attentively attending to patient's needs. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer.

Cards and letters of compliment and thanks were displayed in the home.

Consultation with five patients individually, and with others in smaller groups, confirmed that they were happy and content living in Richmond. Patients who could not verbalise their feelings in

respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

A returned questionnaire was received from a relative, two from patients and one from an unknown source. All four questionnaires indicated being very satisfied across the four domains of safe, effective, compassionate and well led care.

Staff were asked to complete an on line survey; we had no completed responses within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, dignity and privacy, listening to and valuing patients, staff knowledge of patients' wishes, preferences and assessed need.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The registered manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff and observations confirmed that the home was operating within the registered categories of care. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that all hours worked by the registered manager had not been recorded on the duty rota, this was discussed with the registered manager and an area for improvement under the standards was made. Discussion with staff and patients 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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and care records.

Review of records and discussion with the registered manager evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual.

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

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to the recording of all hours worked by the registered manager.

	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 Radcliff-Bryans, registered manager/responsible person, 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 12 **Stated:** Second time **To be completed by:** Immediate action required	The registered person should ensure that patient: • food and fluid care plans reflect the prescribed fluid target for individual patients and are dated and signed by the prescribing nurse • 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: 6.2 & 6.5
	Response by registered person detailing the actions taken: All new RN staff trained and existing RN staff reminded of each of these points and put in place with immediate effect.
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 44 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that a review of the storage arrangements in the home is carried out and that equipment/items are stored appropriately and safely at all times. Ref: 6.2
	Response by registered person detailing the actions taken: Daily checks in place to ensure no items are stored inappropriately.
Area for improvement 2 **Ref**: Standard 22 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that following a fall, the patient's falls risk assessment is reviewed in addition to the review of the relevant care plan. Ref: 6.5
	Response by registered person detailing the actions taken: All RN staff trained and reminded of this. Sisters doing spot checks to ensure all RNs are reviewing Care Plans.

Area for improvement 3 **Ref:** Standard 41 **Stated:** First time	The registered person shall ensure that all hours worked by the registered manager and the capacity in which these are worked are clearly reflected on the duty rota. Ref: 6.7
To be completed by: Immediate action required	**Response by registered person detailing the actions taken:** Now clearly reflected on Off Duty Sheets.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care