



Unannounced Follow Up Care Inspection Report 8 March 2019



Castlehill

Type of Service: Nursing Home
Address: 14 Bellshill Road, Castledawson, BT45 8HG
Tel No: 0287946 8730
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 nursing home registered to provide nursing care for up to 34 persons.

3.0 Service details

Organisation/Registered Provider: Safecare Chrysalis Ltd Responsible Individuals: Cathal McAteer	Registered manager: Bernadette O'Neill
Person in charge at the time of inspection: Teresa Agnew 10:15 – 11:30 hours (nurse in charge) Bernadette O'Neill 11:30 – 16:30 hours	Date manager registered: 27 January 2011
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 34 With associated physical disabilities.

4.0 Inspection summary

An unannounced inspection took place on 8 March 2019 from 10:15 to 16:30.

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

The inspection was undertaken following concerns raised with RQIA anonymously. The concerns were in relation to the availability of registered nurses and the potential for a lack of registered nurses to impact on the care of the patients. Following discussion with senior management it was agreed that an inspection of the home would be completed.

The inspection focused on the following areas:

- Staffing – including the availability, deployment and recruitment of registered nurses
- Management oversight of staffing
- contingency arrangements regarding staffing in the long term
- care delivery

Areas for improvement identified at the last care inspection were also reviewed as part of this inspection.

Whilst the skill mix of registered nurses to care staff at the time of inspection was satisfactory there was a lack of long term contingency arrangements for staffing. In addition the registered manager working a substantial part of her hours as a registered nurse had the potential to impact negatively on the management of the home in the long term. Areas for improvement were identified.

There were examples of good practice found throughout the inspection in relation to the compassionate care provided in the home and the rapport between staff and patients. Patients said they were happy living in the home. This was confirmed by the interactions and rapport observed between patients and staff. 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.

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*	4*

*The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Bernadette O'Neill, registered manager, at the conclusion of the inspection. The issues identified with the provision of registered nurses were discussed during the inspection with the responsible individual.

A meeting was held in the RQIA offices on 13 March 2019 to discuss the outcomes of the inspection in detail. This meeting was attended by the responsible individual's representatives and the registered manager. At this meeting RQIA were provided with a detailed account of contingency plans and the recruitment exercise developed to ensure that staffing in the home continues to be appropriate to meet the needs of the patients. This information had not been available on the day of the inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 December 2018.

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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with four patients individually and with others in small groups, one patient's relative and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. 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.

The following records were examined during the inspection:

- duty rota from 10 February – 16 March 2019
- incident and accident records
- three patient care records including one patient's repositioning chart
- falls audits
- monthly monitoring reports

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 11 December 2019

The most recent inspection of the home was an unannounced medicines management inspection.

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 June 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
Ref: Regulation 13(1)(a) Stated: First time	<p>The registered persons must ensure that there is proper provision for the health and welfare of patients.</p> <p>In the event of a suspected head injury neurological observations must be recorded. If patients refuse to have the observations taken this should be recorded on each occasion they refuse.</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of a care records evidenced that neurological observations were being recorded. However there were inconsistencies with the circumstances of when they were completed, how often the observations were completed and for how long. This area for improvement has been partially met and is stated for a second time.</p> <p>Following discussion with the registered manager it was agreed that a procedure would be drawn up to provide a consistent approach and to guide staff in best practice when completing neurological observations. This was identified as an additional area for improvement.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22.10 Stated: First time	<p>The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and that appropriate action is taken.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that the falls are reviewed and analysed monthly. This area for improvement has been met.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all accidents are recorded in the accident book.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>All accidents reviewed had been recorded in the accident book. This area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 43.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review is completed of the closing force of the automatic door self-closing devices on doors in an attempt to reduce the noise level in the home.</p> <p>The review should give consideration to when the windows are both open and closed to ensure that any doors which are fire doors and fitted with automatic self-closing devices continue to operate correctly and close fully at all times.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that contractors had reviewed the self-closure devices on the bed room doors and modified them as required. Four doors selected at random all closed tightly with minimal noise. This area for improvement has been met.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 22.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a post falls review is completed with 24 hours of a patient sustaining a fall and the care plan amended accordingly.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that post falls reviews were completed. This area for improvement has been met.</p>	

<p>Area for improvement5</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered person must ensure that where a patient is assessed as at risk of developing pressure ulcers a prevention and treatment care plan is completed.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the care records of two patients assessed as being at risk of developing pressure ulcers. Neither patient had an appropriate care plan in place despite satisfactory pressure relief being administered and repositioning charts being maintained. This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement6</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that repositioning charts are accurately maintained to evidence delivery of care.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of one patient's repositioning chart evidenced that this area for improvement has been met.</p>		
<p>Area for improvement7</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the recommendations made as a result of the quality monitoring visits are reviewed on the next visit and comment on the action taken included in the report.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the report of the quality monitoring visits completed between September 2018 and January 2019 evidenced that the progress with recommendations made were reviewed at the subsequent visit. This area for improvement has been met.</p>		

6.3 Inspection findings

6.3.1 Staffing

Prior to the inspection concerns were brought to the attention of RQIA regarding the provision of registered nurses. The concerns related to the resignation of a number of registered nurses and the home's difficulty in recruiting registered nurses to replace these staff. Discussion with the registered manager confirmed that two registered nurses had tendered their resignation and were currently working their notice. There were also registered nurses on unplanned leave.

A review of the duty rotas for the period 10 February – 9 March 2019 evidenced that generally the planned staffing levels and skill mix of 35:65 registered nurses to care staff was achieved. However in the week following the inspection the resignation of one registered nurse would take effect and this was likely to impact on the ability of the home to maintain the staffing ratio levels required. As a means of contingency additional care staff were rostered to ensure the total number of staff on duty was sufficient to meet the needs of the patients. This however is insufficient on the long term as it causes the skill mix to fall below the required levels. This was discussed at length with the registered manager and the responsible individual (RI) who came to the home to discuss the issues. Prior to the end of the inspection the deficits in registered nursing had been addressed. The issue of maintaining the 35:65 skill mix is stated as an area for improvement.

We discussed the arrangements in place to ensure that the registered persons have oversight of staffing. The registered manager confirmed that they completed the weekly rota. The importance of ensuring that they inform the RI of any staffing deficits was discussed at length.

The register manager's hours are divided between her management role and her role as a registered nurse. Currently the registered manager has been increasingly working as a registered nurse. The registered manager, undertaking the role of a registered nurse for the majority of their contracted hours, has the potential to impact on the time they have to provide day to day operational management and sustain the governance arrangements in the home. It was agreed that the working arrangements of the registered manager would be kept under review to ensure they have sufficient time to undertake the day to day operational management of the home effectively. This was identified as an area for improvement.

Prior to the inspection concerns had been raised that staff were working long hours and often worked through from one shift to another. We discussed this issue with the registered manager who explained that on one occasion recently a registered nurse had remained on duty for two additional hours after their shift due to a member of staff reporting sick at short notice. We spoke with four registered nurses none of whom had ever been required to work through from one shift to another. The review of the staffing rotas for the period 10 February – 9 March 2019 confirmed this.

We discussed with the registered nurses the nursing needs of the patients. Nurses explained that over recent years the physical needs of the patients have increased as patients grow older. The home also offers respite care which also impacts on the workload of the registered nurses to ensure the admission and discharge processes are completed fully. As previously discussed there was no clear active recruitment plan to replace registered nurses who have left, or, who have tendered their resignation and are currently working their notice. The registered persons must implement robust recruitment plans to ensure there are suitably qualified, competent and

experienced staff working in the nursing home in such numbers as are appropriate for the health and welfare of patients. This was identified as an area for improvement.

Staff demonstrated an in depth knowledge of individual patients likes and dislikes, communication styles and personal preferences for their daily routine. Staff were observed supporting patients to complete daily routines. Staff spoken with were satisfied that when the planned staffing was adhered to there was sufficient staff to meet the needs of the patients. Staff confirmed that there was good team work in the home and that the registered manager, the RI and his representatives were in the home regularly to offer support.

We spoke with the relatives of one patient who commented positively with regard to the caring attitude of the staff and the care delivery in the home. We also sought staff and relatives opinion on staffing via questionnaires; none were returned prior to the issue of this report.

6.3.2 Care delivery

We arrived in the home at 10:15 and were greeted by staff who were helpful and attentive. Patients were in one of the lounges or in their bedroom, as was their personal preference. We spoke with one patient who had been out at “work” and told us he was glad to be home. Staff were keen to hear how the patient’s morning had been and, given that Friday was payday, what his plans were for his pay. It was obvious from the patient’s behaviour that he enjoyed this attention and interest in his plans.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Patients said that they were happy living in the home and that they had everything they needed.

6.3.3 Care records

We reviewed three care records and observed that a range of assessments and care plans were in place to meet the needs of the patients. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record.

We discussed the monitoring of patients’ weights and were informed that all patients were weighed on at least a monthly basis. We reviewed the management of nutrition and weights for one patient; referrals and advice had been sought from healthcare professionals as required.

6.3.4 Management of accidents and incidents

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A post falls evaluation was completed for each patient and care records amended accordingly. Advice was sought from healthcare professionals as required following an accident and the relevant health and social care trust informed.

The registered manager completes a monthly analysis of accidents to identify any trends with the patients involved, time of the accident and the location.

Areas of good practice

There was evidence of good practice in relation to the compassionate care provided in the home and the rapport between staff and patients.

Areas for improvement

The following areas were identified for improvement in relation to the skill mix of registered nurses to care assistants and the contingency arrangements regarding staffing in the long term.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bernadette O'Neill, registered manager, 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 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 DHSSPS 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(1)(a) Stated: Second time To be completed by: Immediate from the day of the inspection.	<p>The registered persons must ensure that there is proper provision for the health and welfare of patients.</p> <p>In the event of a suspected head injury neurological observations must be recorded. If patients refuse to have the observations taken this should be recorded on each occasion they refuse.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Neurological observations are completed when a resident has a fall or suspected fall.</p>
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 36 Stated: First time To be completed by: 5 April 2019	<p>The registered person shall ensure that a procedure is drawn up to guide staff in best practice when completing neurological observations and to provide a consistent approach.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A new policy and procedure has been devised to provide guidance to all Registered Nurses on completing Neurological observations and to ensure a consistent approach is maintained.</p>
Area for improvement 2 Ref: Standard 23.2 Stated: Second time To be completed by: 5 April 2019	<p>The registered person must ensure that where a patient is assessed as at risk of developing pressure ulcers a prevention and treatment care plan is completed.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Each Registered Nurse has been informed of their roles and responsibilities and care plans updated to reflect this standard.</p>
Area for improvement 3 Ref: Standard 41.4 Stated: First time To be completed by: Immediate from the day of the inspection.	<p>The registered person shall ensure that the minimum skill mix of at least 35% registered nurses to 65% care assistants is maintained over 24 hours.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Current skill mix meets the required legislation.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>The registered person must ensure that the registered manager has sufficient management hours to assure the safe delivery of quality care within the nursing home.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager continues to have at least two office days per week for management duties.</p>

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



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