

Announced Post Registration Care Inspection Report 2 March 2017



Craigdun

Type of Service: Nursing Home
Address: 30 Dunminning Road, Cullybackey, BT42 1PE
Tel no: 028 2588 0202
Inspector: Sharon Loane

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced post registration care inspection of Craigdun Nursing Home took place on 2 March 2017, from 10:30 to 16:00 hours.

This inspection sought to assess progress with issues raised during and since the previous care inspection and to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 20 February 2017 ownership of the home transferred to Sped Trading Limited.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Susan Morgan, responsible person, and Wendy Mc Master, acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 June 2016.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23/06/2016.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Sped Trading Ltd/ Susan Morgan	Registered manager: Refer to box below
Person in charge of the home at the time of inspection: Wendy McMaster	Date manager registered: Wendy McMaster – acting manager

Categories of care: NH-DE, NH-MP, NH-PH, NH-PH(E), NH-I, NH-TI, RC-I, RC-PH, RC-PH(E) 28 Nursing: 5 residential. 2 named patients in category NH-DE, 1 named patient in category NH-MP and a maximum of 3 patients in category NH-TI.	Number of registered places: 33
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3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

The inspector met with six patients individually and with others in smaller groups. Two care assistants, one registered nurse, two catering and ancillary staff members and the homes administrator were also consulted. Ten questionnaires were also issued to relatives and staff and five to patients with a request that they would be returned within one week of the date of inspection.

The following information was examined during the inspection:

- the home's Statement of Purpose
- two patient care records
- staff duty rotas
- staff training records since previous inspection
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- records pertaining to consultation with staff, patients and relatives

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection. Refer to the next section for details.

4.2 Review of requirements and recommendations from the last care inspection dated 23 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 Stated: First time	The registered provider must review and monitor staffing levels in keeping with the dependency levels of patients to ensure patients' needs are being met in a timely and person centred manner.	Met
	Action taken as confirmed during the inspection: Discussion with patients and staff and observations made during the time of inspection evidenced that there were sufficient numbers of staff (including skill mix) to ensure the needs of the patients accommodated were being met. A discussion with the responsible person confirmed that staffing arrangements would be reviewed and amended according to increased occupancy levels and the needs of the patients admitted.	
Requirement 2 Ref: Regulation 16 (2) (b) Stated: First time	The registered provider must ensure that patients care records are kept under review and are reflective of patients assessed needs and care interventions required.	Met
	Ensure that the identified care record is updated to meet the patient's needs and are maintained in keeping with NMC guidelines. Action taken as confirmed during the inspection: A review of two patients care records evidenced that this requirement was met. The shortfalls identified in the care record reviewed at the previous care inspection had been actioned satisfactorily.	
Requirement 3 Ref: Regulation 14 (2) (c) Stated: First time	The registered provider must ensure that unnecessary risks to the health and welfare of patients are identified and so far as possible eliminated. This specifically relates to the risk of foot entrapment when transferring patients in specialised chairs. The patients' feet should be loaded and footwear worn unless otherwise identified and recorded in the plan of care.	Met

	Action taken as confirmed during the inspection: Observations made during the inspection evidenced that staff were transferring patients in a safe manner. Patients observed were all wearing appropriate footwear.	
Requirement 4 Ref: Regulation 13 (4) (a) Stated: First time	The registered provider must ensure that all medicines which are kept in the nursing home are stored in a secure place. Action taken as confirmed during the inspection: Discussion with management and observations made confirmed that medicines were stored appropriately. The responsible person advised that the storage arrangements for medication were currently under review to further enhance this area of practice.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 36 Stated: Second time	The registered person must ensure that staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home. Action taken as confirmed during the inspection: This recommendation was made in reference to 'palliative care'. A review of information evidenced that supervisions have been completed for approximately 16 staff in regards to this area of practice. This process included discussions regarding policies and procedures and guidance documents underpinning this area of care delivery.	Met
Recommendation 2 Ref: Standard 32.1 Stated: Second time	The registered person must ensure that care records for patients identified as requiring palliative care or for patients who are dying are reviewed to ensure that the care plans are relevant and reflect current nursing needs. Action taken as confirmed during the inspection: A review of care records evidenced that care plans were relevant and reflective of current care needs. This included care plans relevant to 'end of life care and spiritual wishes'.	Met

<p>Recommendation 3</p> <p>Ref: Standard 37.4</p> <p>Stated: Second time</p>	<p>The registered person must ensure that any care records are completed contemporaneously to ensure they accurately reflect the delivery of care.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records to include supplementary records for example; food and fluid intake charts, repositioning charts and personal care records evidenced that these had all been completed contemporaneously.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>An environmental audit should be undertaken of the premises to ensure that the condition of the building is well maintained and decorated to a suitable standard. A copy of the audit and action plan should be submitted to RQIA with the returned QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: Following the last inspection, the registered provider submitted a refurbishment plan with the returned quality improvement plan. The majority of the identified improvements outlined in the action plan had been actioned satisfactorily. These improvements included; re-decoration and new flooring in a number of areas. However the environmental audit undertaken failed to identify some areas of improvement required to ensure that the condition of the building is well maintained. Other areas for improvement are referred to in section 4.3.4.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 27 Criteria 1</p> <p>Stated: First time</p>	<p>The registered manager should ensure that patients are respected and their dignity is upheld at all times. This recommendation is made specifically in relation to the provision of hosiery and footwear. All efforts should be taken to ensure that this element of care is met and the home should liaise with relevant members of the professional healthcare team to gain guidance and information in this regard.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and patients and observations made evidenced that appropriate actions had been taken to ensure that patients' dignity is upheld. A number of patients were observed wearing specialised hosiery and footwear.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First time</p>	<p>Contemporaneous nursing records pertaining to the management of pressure care and /or wounds including; wound assessment charts should be completed in line with best practice guidance.</p> <p>Action taken as confirmed during the inspection: A review of wound care records for an identified patient evidenced that treatment and care delivered was in adherence with the care plan in place and consistent with any recommendations made by the Tissue Viability Nurse (TVN). Documentation and record keeping was in keeping with best practice guidelines.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard12 Criteria 13</p> <p>Stated: First time</p>	<p>A choice of meal and snacks should be provided at each mealtime to ensure choice and that any special dietary requirements are catered for; for example; pureed food.</p> <p>Action taken as confirmed during the inspection: A review of the menu displayed and discussion with catering staff confirmed that patients are offered a choice of meal at each mealtime including any special dietary requirements. An observation of the lunchtime meal confirmed this information. Choices of snacks were also available to include; strawberry mousse and pureed fruit for those patients who required a modified diet.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 39 Criteria 4</p> <p>Stated: First time</p>	<p>It is recommended that the training needs of catering staff are reviewed and identified and arrangements are in place to meet any identified learning needs to ensure that patients' needs are appropriately met in regards to nutrition, meals and mealtimes.</p> <p>Action taken as confirmed during the inspection: A discussion with the responsible person confirmed that a new catering manager had recently been appointed and had previous experience of working in the sector. A discussion with the catering manager during the inspection demonstrated that they were knowledgeable and had an understanding of this area of practice and best practice guidelines. In addition, they advised that a review of meals and mealtimes would be undertaken to ensure that patients nutritional needs were met in line with current best practice guidance and any recommendations made by other health care professionals.</p>	<p>Met</p>

Recommendation 9 Ref: Standard 35 Criteria Stated: First time	The organisation has structures and processes in place to ensure that appropriate actions are implemented to ensure compliance is achieved by dates of completion as outlined in the Quality Improvement Plan (QIP) issued by RQIA.	Met
	Action taken as confirmed during the inspection: A review of the Quality and Improvement plan from the previous inspection evidenced that all requirements and recommendations made had been addressed.	

4.3 Inspection findings

4.3.1 Transition to new ownership

Discussion with the responsible person, acting manager, staff and patients evidenced that all were satisfied with the transition to the new ownership. Some of those consulted stated that the changes had been “seamless” and comments received were positive regarding the change of ownership.

A meeting had been held in early January 2017 to introduce the new owners and their management team to patients, relatives and staff. The responsible person advised she was pleased with the positive feedback received so far from staff, patients and relatives. Further meetings are to be arranged to discuss any proposed changes and gain feedback from all stakeholders. These meetings are expected to be held after Eastertime.

As previously referred to in section 3.0 questionnaires were issued for relatives and patients to complete. Three relatives and one patient returned their questionnaires. All responses received indicated that they were either ‘very satisfied’ and/or ‘satisfied’ with the services and care delivered in the home.

The home’s Statement of Purpose and Patient’s guide had been updated to reflect the change of ownership and were both available in the home. Some suggested changes were made by the inspector and following the inspection an email correspondence has been received by RQIA to confirm that the documents have been updated accordingly.

Management and governance systems continue with a scheduled implementation in place to manage the changes to new documents and reporting processes.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.2 Staffing

The acting manager confirmed the planned staffing levels for the home and stated that these were kept under regular review, in response to changes in patients' dependencies and occupancy levels. Duty rotas reviewed confirmed that planned staffing levels were adhered to.

Interactions between staff and patients were also observed to be appropriate, and there was evidence of good relationships.

Staff confirmed that they were expected to attend a handover report at the commencement of their shift and daily safety briefings held to review patient's ongoing health and wellbeing.

Staff confirmed that they were expected to attend mandatory training. Discussion with the acting manager confirmed that the training planned prior to the previous care inspection had been completed. The responsible person advised that the arrangements for training provision were currently being reviewed to ensure that the methods used were effective for practice and professional development.

Discussions with staff confirmed that improvements had been made since the previous inspection. These included; but not limited to: improved communication, better teamwork and more positive reinforcement. Staff felt that the standard of care delivery had also improved. The comments made were positive.

One staff questionnaire response was returned following the inspection. No concerns were raised and the respondent indicated that they were 'satisfied' across all four domains reviewed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3.3 Management of complaints and record keeping

Review of the complaints record evidenced that any complaints or concerns were recorded in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 24 and DHSSPS Care Standards for Nursing Homes: 2015.

A review of two patient care records evidenced that a requirement and a recommendation made at the previous care inspection had been met. Records were reflective of patients' assessed needs and kept under review. However, a review of one care records identified that some risk assessments and care plans had not been completed within five days of admission to the home as outlined in the Care Standards for Nursing Homes, 2015 (DHSSPS). A recommendation has been made.

Areas for improvement

One recommendation has been made in regards to the completion of risk assessments and care plans at the time of admission.

Number of requirements	0	Number of recommendations	1
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4.3.4 Premises

An inspection of the premises was undertaken and the lounges, dining room and a number of bedrooms were reviewed. The hygiene and cleanliness throughout the home was maintained to a satisfactory standard. As previously discussed a number of home improvements had been made since the previous care inspection. These included re-painting, new flooring and soft furnishings. However, a number of areas in the home were in need of maintenance for example; door architraves, skirting boards and floor surfaces.

Given the recent change of ownership, these matters were discussed with the responsible person who was advised that the information would be shared with the estates team for further review and actions. The responsible person advised that they have plans to improve the premises and a discussion was held in relation to the variation process. An application to vary the premises will be submitted to RQIA once these plans are finalised.

Post inspection, this information has been shared with the estates team for further consideration and actions deemed appropriate.

During the inspection, the responsible person advised that an unused bedroom was temporarily being used for the safe storage of medication received at the time of the new monthly drug cycle. This was actioned as a result of inadequate storage provision. However, alternative measures had been identified to manage this and works were being undertaken at the time of the inspection to make them fit for purpose. The responsible person advised that the works would be completed w/c 10 March 2017 and the bedroom would be returned to its original purpose. A discussion with the responsible person was held in regards to the variation process and their roles and responsibilities. Following the inspection, the findings were shared with senior management at RQIA and given the assurances and timeframe a variation was not required to be submitted at this time. An email correspondence has been received by RQIA that the identified bedroom has been reverted to its original use.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 4
Criteria 1

Stated: First time

To be completed by:
30 April 2017

The registered person should ensure that risk assessments and care plans are commenced on the day of admission and completed within five days of admission to the home.

Ref: Section 4.3.3

Response by registered provider detailing the actions taken:

The Home has recruited a new Nurse Manager who has been advised that all care plans must be risk assessed and completed within five days of being admitted to the home.

Please ensure this document is completed in full and returned via web portal



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