Unannounced Care Inspection Report
8 January 2019

Craigdun Care Home

Type of Service: Nursing Home (NH)
Address: 30 Dunminning Road, Cullybackey, BT42 1PE
Tel No: 028 2588 0202
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 and residential care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Sped Trading Ltd **Responsible Individual(s):** Susan Morgan	**Registered Manager:** Margaret Helen Jess
Person in charge at the time of inspection: Margaret Helen Jess – registered manager	**Date manager registered:** 9 June 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. 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:** 33 One named patient in category NH-DE and one named patient in category NH-MP. A maximum of three patients in category NH-TI. There shall be a maximum of two named residents in receipt of residential care.

4.0 Inspection summary

An unannounced inspection took place on 8 January 2019 from 10.30 hours to 15.00 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 term 'patient' is used to describe those living in Craigdun which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during 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; staff training, governance arrangements including the completion of Regulation 29 monitoring visits and communication between staff and patients. Other notable areas of good practice were the ongoing environmental improvements and staffing arrangements.

Areas requiring improvement were identified in relation to the assessment of fluid intake for those patients requiring fluid monitoring and the completion of notifiable events to RQIA.

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.

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	*1

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

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Helen Jess, registered manager, 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 25 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 25 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
- written and verbal communication received since the previous care inspection
- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with six patients and four 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 front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for week beginning 31 December 2018 and 7 January 2019
- 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 food and fluid intake charts and reposition charts
- RQIA registration certificate
- certificate of employer's liability insurance
- a sample of 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 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 25 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 25 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person should ensure that patient nutrition care plans reflect the prescribed/assessed fluid target for individual patients who are in receipt of fluid intake monitoring.	

	Action taken as confirmed during the inspection: Review of care records for two patients who require fluid monitoring did not evidence an assessed fluid target within their nutrition care plans. Supplementary care records were not consistently maintained to evidence a robust oversight by a registered nurse of daily fluid intake for each patient. **This area for improvement has not been met and has been stated for a second time.**	**Not met**

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 confirmed the planned daily staffing levels for the home. A review of the duty rota for all staff for week beginning 31 December 2018 and 7 January 2019 evidenced that the planned staffing levels were adhered to. The registered manager also advised how the number of registered nursing staff was currently under review as patient numbers increased. Review of duty rotas also confirmed that catering and housekeeping staff 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 Craigdun.

We reviewed accidents/incidents records from October 2018 to December 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 reviewed evidenced three separate head injury incidents had occurred but had not been notified to RQIA. This was discussed with the registered manager and an area for improvement under the regulations was made. The registered manager was also signed posted to the most recent guidance for notifiable events issued in September 2017. Despite this, from a review of records, observation of practices and discussion with the registered manager there was evidence of proactive management of falls.

Review of two staff recruitment files 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. Review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Training records reviewed were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge's, dining room and storage areas. The home was found to be warm, fresh smelling, clean throughout and had been tastefully decorated. Since the last inspection there has been further significant environmental improvements noted, these improvements have contributed to enhancing the overall patient experience and is again to be commended. Fire exits and corridors were observed to be clear of clutter and obstruction.

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 management and recording of mandatory training, staffing, recruitment, governance, the environment and adherence to infection prevention and control best practice.

Areas for improvement

An area for improvement was made in relation to the completion of notifiable events to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

We reviewed the care records for a patient recently admitted to the home. Records reviewed confirmed that the home had been provided with the necessary information from the Trust to support meeting the patient's needs. In addition the home had completed the necessary risk assessments and care plans required to meet the individual patient's needs.

We reviewed care records for two patients in relations to fluid management. Whilst a nutrition care plan was in place and regularly evaluated the care plan did not evidence an assessed fluid target for the individual patients. Fluid and food intake was contemporaneously recorded on supplementary care records however there was not consistent evidence of a robust oversight by registered nursing staff of daily fluid intake. This was discussed with the registered manager and an area for improvement stated at the last inspection has been stated for a second time.

There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the speech and language therapist (SALT) or the dietician.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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.

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, teamwork and liaising with other health care professionals.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	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 10.30 hours and were greeted by staff who were helpful and attentive. Patients were seated in their bedrooms, or were in one of communal lounges of the home. Patients seated in the lounge 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.

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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. The dining room had been appropriately set ready for the mealtime experience, with tablecloths, cutlery and condiments all in place. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. 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 acknowledgements of compliment and thanks were displayed in the home.

Consultation with six patients individually, confirmed that they were happy and content living in Craigdun. 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. Comments made by a patient included:

- "the girls are just great, they spoil me and are very attentive"

Returned questionnaires received included three from patient's representative and two from an unknown source. All five questionnaires indicated being very satisfied across the four domains of safe, effective, compassionate and well led care. Comments received on questionnaires returned included:

- "this nursing home is simply excellent in every respect. 5 star all the way"
- "this is a great nursing home. Staff really care about residents"

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

There were systems in place to obtain the views of patients and their representatives on the running of the home; a suggestions box was available in the front reception area of the home.

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 within this domain during the inspection.

	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 front foyer area of the home. The registered manager was knowledgeable in regards to the registered categories of care for the home. A valid certificate of employer's liability insurance was also displayed. Discussion with the registered manager, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that hours worked by the registered manager had been recorded on the duty rota.

The complaints procedure was visibly displayed in the front foyer of the home.

The registered manager discussed with the inspector that a number of audits were completed to assure the quality of care and services provided within the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Helen Jess, 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 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 30 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that all incidents and accidents notifiable to RQIA are appropriately submitted. Ref: 6.4
	Response by registered person detailing the actions taken: All head injuries or suspected head injuries are forwarded to RQIA via notifiable events forms.
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 4 **Stated:** Second time **To be completed by:** Immediate action required	The registered person should ensure that patient nutrition care plans reflect the prescribed/assessed fluid target for individual patients who are in receipt of fluid intake monitoring. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: All patients who are havving fluids monitored now have desired target intake calculated and included in their nutritional care plan. A daily monitoring chart is completed for all those being monitored at the end of each 24 hour period, this indicates patients who have/have not met their desired target. This is reviewed by staff nurse and appropriate action if any needed is taken. Staff nurse reflects in the individuals daily progress notes target met/not met and action taken. The daily monitoring charts are returned to the home manager as part of the 24 hour reporting system for her review.

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

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