



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 September 2019



Craigdun Care Home

Type of Service: Nursing Home

Address: 30 Dunminning Road, Cullybackey BT42 1PE

Tel no: 028 2588 0202

Inspectors: Gillian Dowds and Debbie Wylie

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 33 patients.

3.0 Service details

<p>Organisation/Registered Provider: Sped Trading Ltd</p> <p>Responsible Individual: Susan Morgan</p>	<p>Registered Manager and date registered: Margaret Helen Jess 9 June 2017</p>
<p>Person in charge at the time of inspection: Margaret Helen Jess</p>	<p>Number of registered places: 33 comprising of: One named person NH - MP One named person NH – DE Maximum of three persons NH-TI One named person in receipt of residential care RC</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 30</p>

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 09.20 to 18.00 hours.

This inspection was undertaken by Gillian Dowds and Debbie Wylie, inspectors.

The inspection assessed progress with areas for improvement identified in the home 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 staff communication with patients and their visitors, staff recruitment, training, supervision, annual appraisal, ethos of the home and the dining experience.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), oversight of fluid intake, wound care, recording and oversight of supplementary care, catheter care and robust auditing.

Patients described living in the home in positive terms and as a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Jess, 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 8 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 January 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 15 September 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
- five patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Two areas of improvement identified at previous care inspection have been reviewed and both were met

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 30 Stated: First time	The registered person shall ensure that all incidents and accidents notifiable to RQIA are appropriately submitted.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that all notifiable incidents and accidents to RQIA have been appropriately submitted.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second 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: Care plans reviewed were reflective of the daily fluid targets.	Met

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 9 to 15 September 2019 evidenced that the planned daily staffing levels were adhered to. The manager also confirmed that agency staff were employed to cover sick leave if necessary to ensure the assessed needs of the patients were met.

Staff spoken were generally satisfied with the staffing levels but felt that they could do with an extra member of staff in the morning. This was discussed with the manager who advised that she had already identified this and was taking measures to address it. Assurance was given post inspection that this had been addressed. We saw that staff attended to patients' needs in a caring manner, call bells were answered promptly and staff were observed to be helpful and attentive towards patients.

Review of two staff recruitment and induction files evidenced that staff were recruited safely.

Discussion with staff and review of records confirmed they had completed a period of induction and that they received regular supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of care staff with the NMC and NISCC and this clearly identified the registration status of all staff. Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area. Staff spoken with were aware that the manager was the Adult Safeguarding Champion for the home.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients' bedrooms were personalised and tastefully decorated.

We identified issues relating to IPC practices as follows:

- A full clinical waste bag and equipment was inappropriately stored in one sluice.
- Unnamed toiletries and incontinence pads were stored in bathrooms.
- In the lounge a nebulizer machine and mask was on the floor under a chair.
- Two staff were observed not to adhere to the correct hand hygiene practices.
- Manual handling equipment not decontaminated between use.

These issues were discussed with the manager and an area for improvement was made.

In one lounge we saw patients' supplementary care records left out and unattended; which were later removed. This observation was discussed with the manager who confirmed that there were storage areas available for patient records and she would address this with the staff.

There was a selection of communal areas throughout the home which provided patients with options when deciding whether to spend time alone, with other patients, or with visitors, as they preferred.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with mandatory fire safety training.

Areas for improvement

An area for improvement in relation to infection prevention and control was identified.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

We observed the delivery of care to patients throughout the inspection and it was obvious staff knew patients well and had a good understanding of their care needs. We observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring and timely manner.

Patients and their visitors spoken with confirmed that staff had consulted with them when planning the care required to meet their individual assessed care needs. They also spoke positively about communication within the home.

We reviewed five patients' care records in relation to the management of nutrition, falls, wound care, pressure area care and bed rails. Risk assessments had been completed and these enabled

nursing staff to develop care plans to direct the care required. The risk assessments and care plans were reviewed regularly to ensure they were reflective of the patients' care needs.

Nursing staff also recorded a daily statement or evaluation of the care provided. This confirmed the effectiveness of the care delivered or if a reassessment of planned care was required or further action was required such as referral to the patient's GP.

However, in one patient's care plan we saw that recommendations made by the speech and language therapist (SALT) had not been reflected in the care plan. We discussed this patient nutritional care with staff and were satisfied that the patient was receiving the correct nutritional care. Details were also discussed with the manager during feedback and she agreed to follow this up with staff after the inspection.

We reviewed care records which evidenced that patients' food and fluid intake was recorded on a daily basis for each meal. However, registered nurses did not clearly record their evaluation of the effectiveness of care in relation to daily fluid targets; for example, if the patient's prescribed fluid target had been met or not, and if any intervention was required. An area for improvement was identified.

Wound care records reviewed evidenced that they were generally well maintained and timely referrals to other healthcare professionals were made. However, we saw gaps in the recording of an ongoing wound assessment charts and wound evaluations. Details were discussed with the manager and an area for improvement was identified.

In addition we also saw gaps in the recording of patient repositioning charts and bowel records. and an area for improvement was made.

Details regarding the management of urinary catheters was discussed with the manager, in particular the use of overnight bags and care planning. An area for improvement was made.

Areas for improvement

The following areas were identified for improvement in relation to the evaluation of fluid intake targets, wound care, recording and monitoring of supplementary care charts and management of urinary catheters.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 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.

During the inspection we spoke with seven patients and two patients' visitors to discuss their experience of the home. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for. Comments from patients were positive and complimentary about life in the home. These included:

“Great girls.”

“Good bed, good food, good people.”

“Everything you want, if you want it they get it for you everyone gets the same treatment.”

“The girls are good to me.”

Patients’ visitors also spoke positively about their experience of the home. Comments included:

“Amazing, staff are brilliant they have time to talk couldn’t praise them enough.”

“Staff are good, very nice if I have any concerns I go to Maggie.”

We sought the opinion of patients and their relatives through questionnaires; four were returned within the time frame. Three out of the four returned indicated they were satisfied or very satisfied with the care and service received in Craigdun. One indicated that they were neither satisfied nor dissatisfied with the staffing levels in the home. This information was passed to the manager to consider and address as necessary.

Staff were observed to treat patients with dignity and respect and to maintain their privacy when providing care. We saw staff knocked on doors before entering patients’ bedrooms and ensured doors were closed when care was being provided.

Staff displayed a friendly approach to both patients and visitors and appeared to enjoy working in Craigdun Care Home. They said:

“Great.”

“I like it here.”

“I love my job.”

We observed the patients’ dining experience during the serving of the lunchtime meal. The menu was clearly displayed in a written format outside the dining room. The dining room was clean and tidy, tables were set with cutlery, crockery and condiments were available. Staff assisted patients into the dining rooms, ensured they were comfortable and had clothing protectors on if necessary. Patients were offered a selection of drinks and staff demonstrated their knowledge of how to modify fluids to prevent choking as required by some of the patients. Staff also demonstrated their knowledge of patient likes and dislikes. For example, staff knew which patients required a modified diet, who liked particular foods or who preferred a smaller portion.

Staff engaged in pleasant conversations with patients throughout the meal time. The food on offer was nicely presented, appeared nutritious and smelled appetising. Staff also ensured that patients requiring their lunch to be served on trays in their rooms and/or required assistance with eating and drinking; received their meal in a timely manner. Staff communicated effectively with patients throughout the meal, for example, they reminded them that food was likely to be hot and asked if they had enjoyed their meal.

During the inspection we could not evidence the delivery of any social activities or an activity plan. We discussed this with the manager who said that she was actively recruiting for an activity therapist. The manager confirmed post inspection, by email, that she had recruited an activity therapist and that an activity plan was now in place.

A record was kept of cards and compliments received. Remarks included:

“Thank you for the care and kindness shown to”

“A big thank you to everyone, everyone was so kind and gentle.”
 “Thank you from the bottom of our hearts for all that you did.”

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 duty rota confirmed the manager’s hours and capacity in which they were worked. Discussion with staff, patients and visitors confirmed that the manager’s working pattern allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible.

Discussion with the manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. For example, audits were completed to review accidents/incidents, IPC measures, falls, complaints and care plans. However, it was noted that where corrective actions or improvements were identified, the actions required to address these were not always clearly recorded. This was discussed with the manager who confirmed she would review the audit process and ensure that action plans were included as needed. This will be reviewed at a future care inspection.

Patients and patients’ visitors spoken with knew who to speak to if they had a concern or a complaint and were confident this would be dealt with. We confirmed from a review of records that records that complaints were well managed.

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

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met and that they had sufficient time to access training.

Areas for improvement

An area for improvement was identified in relation to auditing process.

	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 Margaret Jess, 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 13(7) Stated: First time To be completed by: 15 November 2019	<p>The registered person shall ensure that the infection prevention and control issues identified are addressed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Infection prevention training held 14.11.19. Staff meeting held 18.11.19 where issue raised was addressed and correct procedures reinforced to staff.</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 4 Stated: First time To be completed by: 10 November 2019	<p>The registered person shall ensure that registered nurses evidence clearly that they have reviewed and evaluated the effectiveness and delivery of care for any patient requiring a daily fluid intake target.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Registered nurse meeting held 02.10.19, discussed daily progress and evaluation, guidance given. To be monitored as part of careplan auditing process.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 10 November 2019	<p>The registered person shall ensure that the wound observation records are accurately maintained and reflect the prescribed wound care and treatment.</p> <p>The registered nurse should record a meaningful evaluation of the delivery of wound care.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Discussed at meeting held 02.10.19. Will be included as part of monthly wound audit.</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 15 November 2019	<p>The registered person shall ensure a system is implemented to monitor the contemporaneous recording of any care chart required by patients such as bowel charts, repositioning charts, and food and fluid intake charts.</p> <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: Nurse in charge to monitor daily. Deputy manager to perform weekly spot checks.</p>
<p>Area for improvement 4 Ref: Standard 21 Stated: First time To be completed by: Immediately from time of inspection</p>	<p>The registered person shall ensure that urinary catheters are managed effectively and in accordance with best practice guidelines. Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New catheter stands in place.</p>
<p>Area for improvement 5 Ref: Standard Stated: First time To be completed by: 8 November 2019</p>	<p>The registered person shall ensure that when auditing processes identify shortfalls that there is clear evidence of the actions taken to address these shortfalls. Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The completed action plans are reviewed and filed with the corresponding audit.</p>

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



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