

Unannounced Care Inspection Report 23 October 2017



Craigdun

Type of Service: Nursing Home (NH)
Address: 30 Dunminning Road, Cullybackey, BT42 1PE
Tel no: 028 2588 0202
Inspector: Dermot Walsh

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.

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

<p>Organisation/Registered Provider: Sped Trading Ltd</p> <p>Responsible Individual: Mrs Susan Morgan</p>	<p>Registered Manager: Mrs Margaret Helen Jess</p>
<p>Person in charge at the time of inspection: Mrs Margaret Helen Jess</p>	<p>Date manager registered: 9 June 2017</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>Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of registered places: 33 comprising:</p> <p>28 Nursing 2 named patients in category NH-DE, 1 named patient in category NH-MP Maximum of 3 patients in category NH-TI</p> <p>5 residential</p>

4.0 Inspection summary

An unannounced inspection took place on 23 October 2017 from 09.50 to 16.50 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 'patients' 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 and 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 staffing arrangements and staff development, adult safeguarding, risk management, care records, communication between patients, staff and other key stakeholders, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement under regulation were identified in relation to recruitment records and the management of falls. Areas for improvement under standards were identified in relation to the staff duty rota, training on first aid, auditing and one environmental concern in respect of patient dignity.

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.

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	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Helen Jess, Registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 19 July 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 July 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine patients, six staff and one patients' representative. A poster was displayed at a staffing area in the home inviting staff to respond to an on-line questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 16 October 2017
- 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
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 July 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 2 March 2017

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 Criteria 1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of one recently admitted patient's care records evidenced that this area for improvement has now been 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 and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 16 October 2017 evidenced that the planned staffing levels were adhered to. However, the duty rota did not identify the names of staff in full and the codes used within the duty rota did not conform to the key provided. These areas were discussed with the registered manager and identified as an area for improvement. Discussion with staff and patients' representatives evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Although, records reviewed did not evidence that all the appropriate safety checks in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed prior to the staff member commencing in post. This was discussed with the registered manager and identified as an area for improvement. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. However, a deficit was observed in regard to provision of first aid training. This was discussed with the registered manager and identified as an area for improvement. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities. Discussion with the registered manager confirmed that all training provided was through the means of face to face training.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. However, a review of accident records evidenced that a fall had occurred where the patient had sustained a head injury; neurological observations were not monitored appropriately following the fall. This was discussed with the registered manager and an area for improvement identified.

A review of the home's environment was undertaken. An extensive pre-arranged programme of refurbishment was observed in progress. Fourteen new vanity units and eight radiators had been replaced. There was evidence that new wall sockets had been fitted in patient's bedrooms to facilitate new televisions. Discussion with patients confirmed that they had been consulted and had agreed to the planned works prior to the work commencing. The majority of patients were accommodated on the ground floor of the home. Two patients, at their request, were accommodated on the first floor. The home was found to be warm, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction.

A door leading to an identified shower room/toilet was observed in the home without a suitable locking mechanism meaning that the door could be potentially opened by any persons when personal care was being delivered in the room. This was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Areas for improvement under regulation were identified in relation to recruitment records and the management of falls.

Areas for improvement under standards were identified in relation to the staff duty rota, training on first aid and one environmental concern in respect of patient dignity.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Records were completed in a timely manner from the patient's admission. An area for improvement identified at the previous care inspection in this regard has now been met.

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.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients. Discussion with the registered manager and staff also confirmed that a pre-printed handover sheet was available to all staff to assist in the handover process.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake daily walks around the home and would avail of the opportunity to engage with patients and relatives at this time. Notices for relatives'/representatives' attention were displayed on an information board.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient assessment and care planning and communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. Lunch commenced at 12.30 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room.

Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. A hand hygiene facility was not visible in the dining room. This was discussed with the registered manager who agreed to review this to ensure one was available for staff to use. The registered manager also confirmed plans to redecorate the dining room. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The registered manager confirmed that results from any quality patient/patient representative surveys would be displayed on the noticeboard within the home in the form of a report. The registered manager also confirmed that any feedback from surveys would also be discussed at patient/relative/staff meeting and/or on a one to one basis where appropriate.

Six staff members were consulted to determine their views on the quality of care within Craigdun.

Some staff comments were as follows:

"It is brilliant here. I love it."
"I like it. It is a work in progress."
"It is great here. There is a great atmosphere about it."
"I enjoy it here. Everyone is very supportive."
"It's nice to work here now."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Nine patients were consulted during the inspection.

Some patient comments were as follows:

"The staff are exceptionally good."
"I don't think it could be better."
"It is as good as far as I am concerned."
"It's very nice here."
"The staff are very good."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

One patient representative was consulted during the inspection. Ten relative questionnaires were left in the home for completion. Three of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

“The care is very good. There is plenty of food and plenty of attention given.”

“There seems to be a problem with flies in the sitting room which is of concern for hygiene and annoys residents.”

“Craigdun provided excellent respite care for my step-father. Would highly recommend!!”

Any comments from patients, patient representatives and staff in returned questionnaires or comments received online after the return date were 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 listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

“I wish to convey our heartfelt thanks for all your loving support of our mother.”

“Thank you all for looking after ... so well over the last few years.”

“I am finding it really difficult to put into words how much I appreciated everything you did for my dad and me. Thank you just doesn’t seem enough.”

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Monthly department workplace inspection audits were reviewed. Where shortfalls were clearly identified within the auditing records, the actions taken to address the shortfalls were not recorded. Action plans had not been developed following the audits. This was discussed with the registered manager and identified as an area for improvement.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

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

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

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

Areas for improvement

An area for improvement under standards was identified in relation to auditing.

	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 Mrs 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

<p>Area for improvement 1</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all appropriate safety checks have been completed and are evidenced within recruitment records prior to the staff member commencing employment in the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: A robust system is in place to check receipt of references in a timely manner.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All RN'S have had a supervision session in relation to post falls management. Manager will monitor appropriate use of CNS observations as part of accident auditing system.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that the staff duty rota is completed in full and includes:</p> <ul style="list-style-type: none"> • staff names written in full • codes used conforming to the key provided <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff rotas have been adjusted to include staff surname. Key has been reviewed and amended appropriately.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 47 Criteria (3)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that all staff in the home receives training in first aid.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: First Aid training has been held on 30th November 2017</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that the door leading to the identified shower room/toilet has an appropriate locking mechanism fitted to ensure patients' privacy and dignity are protected.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: An appropriate locking system has been purchased and is scheduled for fitting by maintenance 12/12/17</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that the auditing process in the home is further developed to evidence actions taken to address shortfalls identified within the auditing records.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: All audits have been reviewed and action plans included where appropriate as routine in auditing process.</p>

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



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