

Unannounced Care Inspection Report 17 and 18 November 2020



Antrim Care Home

Type of Service: Nursing Home (NH)
Address: 88 Milltown Road, Antrim BT41 2JJ
Tel No: 028 9442 8717
Inspector: Gillian Dowds

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 nursing home registered to provide nursing care for up to 51 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered Manager and date registered: Sharon Smyth – 10 June 2016
Person in charge at the time of inspection: Sharon Smyth	Number of registered places: 51
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 43

4.0 Inspection summary

An unannounced inspection took place on 17 November 2020 from 09.30 to 17.30 and 18 November 2020 from 09.30 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan following the previous care inspection on 24 June 2020.

Since the last inspection RQIA received a report from the Northern Ireland Public Service Ombudsman (NIPSO) in relation to a complaint they received. It is not in RQIA remit to investigate complaints however, on review of the information received RQIA invited the manager and senior management team to a meeting with the intention to serve an Improvement Notice in respect of the failure to comply with standard 16 regarding complaints. At the meeting RQIA were provided with an action plan and adequate assurances in regard to complaints management.

The following areas were examined during the inspection:

- staffing
- the internal environment and infection prevention and control (IPC) practices
- care delivery
- care records
- governance and management arrangements.

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	5	*5

*The total areas for improvement include two under the standards that will be stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Smyth, 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.

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 twelve patients, two patients' relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line no responses were received.

The inspector provided the registered manager with 'Tell Us cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 9 to 22 October 2020
- staff training records
- staff supervision and appraisal schedule
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- registered nurse competency assessments
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports

- complaints and compliments records
- incident and accident records
- six patients’ care records
- three supplementary care records
- RQIA registration certificate.

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 person in charge at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 October 2020.

No further actions were required to be taken following this inspection.

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 41.7 Stated: First time	The registered person shall ensure that the competency assessment for nurse in charge of the home is further developed to include responding to complaints; including those raised by staff.	Not met
	Action taken as confirmed during the inspection: The manager confirmed that the company complaints policy is currently under review and due to be issued. Once this is completed responding to complaints will be added to the competency assessments.	

Area for improvement 2 Ref: Standard 13.7 Stated: First time	The registered person shall ensure that the whistleblowing policy is revisited with staff to ensure they are familiar with how to raise concerns.	Met
Action taken as confirmed during the inspection: The manager confirmed that all staff were made aware of the whistleblowing policy. Staff spoken to during the inspection were all familiar with how to raise a concern and to whom.		
Area for improvement 3 Ref: Standard 16.11 Stated: First time	The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction is determined.	Partially met
Action taken as confirmed during the inspection: The complaints records were reviewed and evidence of the investigation was evident and the action taken. However the level of satisfaction was not consistently documented. This area for improvement was partially met and will be stated for a second time.		

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty.

Staff were knowledgeable about the needs of the patients in their care and obviously knew them well. Staff were seen to speak to patients kindly and with respect; there was a pleasant and calm atmosphere in the home. Staff spoken with commented positively about working in the home; comments included:

- "In my unit the team work is fantastic."
- "It's brilliant, the manager is supportive."
- "The teamwork is good; we are all like one big family."
- "Staffing is ok, teamwork is good."
- "I like it here, the patients are our priority."
- "If I am worried about anything I will go to my manager."

We observed that staff attended to patients' needs in a caring and timely manner. Staff told us that they were currently satisfied with staffing levels in the home.

6.2.2 The internal environment and infection prevention and control (IPC) practices

We reviewed a selection of bedrooms, bathrooms, lounges, sluice rooms, store rooms, dining rooms and treatment rooms in the home.

We observed that in some identified bathrooms there was inappropriate storage of manual handling equipment, unnamed toiletries, open packets of wipes and open packets of incontinence aids. One identified bathroom was used as a temporary store room. We identified the storage on the floor of a linen store. These were shown to the manager and an area for improvement in relation to infection prevention and control was made.

Flooring to an identified bathroom was damaged and one sluice room was stained. The manager reviewed these areas at the time of the inspection and an area for improvement was identified.

We also identified various areas of chipped paint to door frames and walls. We discussed this with the manager who advised that the ongoing painting and repair was part of the current maintenance works within the home.

We observed on two occasions a fire door had equipment stored in front of one side, impeding the door from opening. This was reviewed by the manager and the equipment was removed. An area for improvement in relation to fire safety precautions was made.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period in addition to the regular cleaning schedule.

The manager confirmed that staff and patients had their temperature checks in place as advised in the regional guidance. Staff were checking their temperature twice daily however; the patients were only having their temperatures done once daily. We discussed the current guidance with the manager and was addressed at the time of inspection.

Visiting was due to recommence in the home and an area had been allocated within the home and any visitors to the home also had a temperature check recorded.

6.2.3 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

We observed some patients were seated in the lounge and some patients were resting comfortably in their bedrooms.

The food on offer at lunchtime looked appetising and was well presented. Patients were offered assistance and staff demonstrated knowledge of their likes and dislikes. The dining experience was calm and unhurried.

Patients told us:

- “The food is great”
- “You get plenty to eat, it’s nice.”
- “The food is very good.”
- “The staff are very nice.”
- “It’s very good indeed.”
- “I feel safe.”

We spoke with two visitors to the home who spoke positively about the service provided in the home.

6.2.4 Care records

We reviewed the care records for six patients. The records evidenced risk assessments were completed on admission and reviewed thereafter. However we observed in some of the records when a risk was identified through the risk assessment process no corresponding care plan was in place. We also observed that some of the care plans had not been updated with sufficient detail to direct the required care. This was observed in the records relating to wound care, weight management, manual handling and speech and language therapist (SLT) recommendations. This was discussed with the manager and an area for improvement was made.

We reviewed a sample of food and fluid intake charts. One record viewed evidenced that the patient’s daily fluid intake did not meet the prescribed fluid target, and there was no documentation of any remedial action taken. Gaps were identified in the recording of the patients’ bowel monitoring charts. A lack of oversight of the supplementary care records by the registered nurses in the daily/ monthly evaluation of care records was observed. An area for improvement was identified.

We discussed with the nurse the system of effective communication within the home. She advised that staff attended a handover this morning and were provided a daily handover sheet which was updated to reflect any changes to the patients’ needs. A review of the handover sheet evidenced, for some patients, their needs for mobility had not been updated to reflect the current advice from the visiting occupational therapist. This was updated by the nurse during the inspection and an area for improvement was identified.

Post falls records were reviewed for three unwitnessed falls. One record showed us that neurological observations were not consistently recorded.

For another patient who required medical assessment there were no recorded neurological observations prior to the transfer to hospital. This was discussed with the manager and an area for improvement was identified.

6.2.5 Governance

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. Audits were in place to monitor the quality of the service provided. The audits viewed evidenced that areas requiring improvement were being identified however there was no evidence that corrective action had been taken. We discussed with the manager the development of the auditing system in the home given the inspection findings and an area for improvement was identified.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due. There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Review of two recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

Areas of good practice

Areas of good practice were observed in relation to staff interaction with the patients, team work the patients dining experience.

Areas for improvement

Areas for improvement were identified in relation to IPC, identified flooring, fire safety precautions and care planning. Further areas for improvement were identified in relation to the oversight of the supplementary care records, falls management and the auditing process.

	Regulations	Standards
Total number of areas for improvement	5	3

6.3 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

During the inspection patients were observed to be well presented and content in their surroundings. Staff were observed interacting with patients in a friendly and caring manner. Patients spoken to were positive about their experiences in Antrim Care Home.

Areas for improvement identified during the inspection includes ensuring care plans are reflective of the patients current needs and complaints management was stated for a second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Smyth, 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: Immediately and ongoing	<p>The registered person shall ensure that in relation to infection prevention and control the following is addressed</p> <ul style="list-style-type: none"> • inappropriate storage of items/ equipment in the identified bathrooms • storage of items on the floor of the linen store. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: This relates to having had wipes and incontinent aids for use in this bathroom being sitting out for use. A new cupboard will be provided in the bathrooms.</p> <p>With regards the linen store items on the floor regular 'checking' of the stores will support the cessation of such a reoccurrence.</p>
Area for improvement 2 Ref: Regulation 27 (2)(b)(d)(i) Stated: First time To be completed by: 1 February 2021	<p>The registered person shall ensure the damaged floor to the identified bathroom and stained floor in the identified sluice room is addressed.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Both these floor surfaces are being replaced but have been delayed due to the home having been placed in outbreak mode for several weeks. The team replacing this will be available before the end of February to complete this task.</p>
Area for improvement 3 Ref: Regulation 27 (4)(d)(iii) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that equipment is stored safely and away from the fire doors to ensure that they are clear from any obstruction that would impede in the event of an evacuation of the home.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: The offending items were removed at the time of observation and are no longer retained there. This was dealt with at the time of the inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is stated in respect of but not limited to:</p> <ul style="list-style-type: none"> • wound care • weight management • manual handling • up to date multi -disciplinary recommendations e.g. SLT. <p>Ref: 6.2.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken: The recommendations above have all been reviewed and the one deficient care plan has been updated. All other care plans checked for similar deficiencies and none were found. The omissions in this instance are accepted and staff have all been instructed through supervision to ensure such an omission does not happen again.</p> <p>The registered person shall that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are consistently recorded.</p> <p>Ref:6.2.4</p> <p>Response by registered person detailing the actions taken: All unwitnessed falls are managed in line with current protocols and these reflect good practice and guidance. The one stated instance of inconsistent observation relates to a resident who went to hospital and thus further observation could not be completed in situ and so not recorded.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41.7</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2021</p>	<p>The registered person shall ensure that the competency assessment for nurse in charge of the home is further developed to include responding to complaints; including those raised by staff.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: Our complaints policy has just been updated and all staff trained in this updated approach. This was stated on the day of the inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 16.11</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2021</p>	<p>The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction is determined.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: A new complaints policy was shared at the time of this inspection and this is now fully implemented. This is an all embracing approach which covers the issues raised. This document was also shared with senior RQIA staff as part of a previous action point. At the time of the inspection RQIA had knowledge of this updated policy being introduced.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2021</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient and the registered nurses have oversight of the supplementary care records. This is including but not limited to:</p> <ul style="list-style-type: none"> • the food and fluid intake charts • bowel monitoring records. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Completed</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that robust processes are in place to ensure that effective communication is maintained between staff ensuring that the handover sheet is accurate and reflective of the patients' current needs.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: This relates to a review which was ongoing at the time of the inspection. The Handover sheets are updated prior to the handover meetings in a timely and effective manner to reflect the activity and changes of the shift which is ending.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure when deficits are identified during the auditing process an action plan is developed. Any actions taken as a result of this action plan must be clearly documented.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: At the end of every audit there is an action plan in place and these were available on site at the time of the inspection. These clearly identify the issues and what corrective action was taken. Staff then sign and date to confirm they have completed the required action(s).</p>

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



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