Unannounced Follow up Care Inspection Report
23 January 2018

Antrim Care Home

Type of Service: Nursing Home (NH)
Address: 88 Milltown Road, Antrim, BT41 2JJ
Tel No: 028 94 428717
Inspector: Sharon McKnight

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 51 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individual:** Janet Montgomery	**Registered Manager:** Sharon Smyth
Person in charge at the time of inspection: Sharon Smyth	**Date manager registered:** 10 June 2016
Categories of care: Nursing Home (NH) DE – Dementia 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 TI – Terminally ill Residential Care (RC) I – Old age not falling within any other category	**Number of registered places:** 51

4.0 Inspection summary

An unannounced inspection took place on 23 January 2018 from 09:35 to 15:40 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Antrim Care Home 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 care was safe, effective and compassionate care and if the home was well led.

Evidence of good practice was found in relation to staffing and the home's environment. Care records were well maintained, the dining experience was well organised and the food served was appetising. There was evidence of good communication of patients' needs between staff. The culture and ethos of the home was supportive of dignity and privacy and there were systems in place in engage with patients and their relatives.

There were no new areas for improvement identified during this inspection. However one area for improvement identified during the previous care inspection was assessed as partially met and has been stated for a second time.

Patients said they were happy with the care they were receiving and a number of their comments are included in the main body of the 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	*0

*The area for improvement has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Smyth, 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 5 October 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 October 2017. 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with five patients individually, six staff, and three relatives. Questionnaires were also left in the home to obtain feedback from relatives and staff not on duty during the inspection.

A lay assessor, Trevor Lyttle, was present during the inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 22 January 2018
- twelve patient care records including food and fluid intake charts, weight and bowel charts
- a selection of governance audits
- emergency evacuation records
- annual quality report
- complaints record
- compliments received
- RQIA registration certificate
- 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 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 the most recent inspection dated 5 October 2017

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 June 2017.

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 13 (1) **Stated:** Second time	The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.	**Met**
	Action taken as confirmed during the inspection: A review of four patients food and fluid charts and daily notes evidenced that patients' total fluid intake were reconciled every 24 hours and recorded in the daily progress notes. This area for improvement has been met.	
Area for improvement 2 **Ref**: Regulation 15 (2) (b) **Stated:** First time	The registered person shall ensure that the falls risk assessment is reviewed in response in changes to the residents' condition and the care plan amended accordingly.	**Met**
	Action taken as confirmed during the inspection: A review of four patients care records evidenced that falls risk assessments had been reviewed in response in changes to the residents' condition. Two registered nurses confirmed that if there were any changes to the patient's condition the care plan would be amended accordingly. This area for improvement has been met.	

Area for improvement 3 **Ref**: Regulation 32 (h) **Stated:** First time	The registered person shall submit a variation application to vary the registration of the home; and continue to demonstrate an awareness of the legislation in relation to this process.	**Met**
	Action taken as confirmed during the inspection: An application to vary the registration of the home was received by RQIA following the previous inspection. The registered manager was knowledgeable of the need to inform RQIA of any planned work prior to the work commencing. An updated certificate of registration with the correct number of registered places was issued to the home on 12 October 2017 and was displayed in the reception area. This area for improvement has been met.	
Area for improvement 4 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall make suitable arrangements to ensure that the standard and monitoring of cleanliness throughout the home is maintained. This must include robust systems and processes that provide traceability and follow up on identified areas.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was with regard to the cleanliness and tidiness of sluice rooms. During this inspection the sluice rooms were clean and reasonably tidy. The registered manager confirmed that the cleaning schedule for the home now included the sluice rooms. This area for improvement has been met.	
Area for improvement 5 **Ref**: Regulation 12 (1) (a) and (b) **Stated:** First time	The registered persons shall ensure that registered nurses have oversight of the bowel records, to ensure that indicators of constipation are identified and acted upon; this information should be included in the daily progress notes.	**Partially met**

	Action taken as confirmed during the inspection: A review of two patients' care records evidenced that systems were in place to record and monitor the frequency and stool type for patients. However this information was not included in the daily progress notes to ensure that indicators of constipation were identified and acted upon. This area for improvement is assessed as partially met and is stated for a second time.	
Area for improvement 6 **Ref**: Regulation 17 (1) **Stated:** First time	The registered persons shall ensure that the annual quality report is completed.	**Met**
	Action taken as confirmed during the inspection: An annual quality report was completed in September 2017 for the period August 2016 – August 2017. The registered manager explained that going forward the annual report would be completed in January for the previous calendar year. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 35.4 **Stated:** Third and final time	A system of robust auditing should be implemented, to ensure that care records meet regulatory and professional standards. Traceability of the identified records and follow up on identified areas should be evident	**Met**
	Action taken as confirmed during the inspection: A review of audit records evidenced that this area for improvement has been met.	
Area for improvement 2 **Ref**: Standard 48 **Stated:** First time	The registered person shall ensure that the emergency evacuation register is accurate to ensure that it is reflective of all patients accommodated within the home.	**Met**
	Action taken as confirmed during the inspection: A review of the emergency evacuation register evidenced that it was an accurate reflection of patients accommodated in the home on the day of the inspection. This area for improvement has been met.	

Area for improvement 3 **Ref**: Standard 7.1 **Stated:** First time	The registered persons shall review the methods available for engagement with patients/patients' representatives to ensure they are effective.	**Met**
	Action taken as confirmed during the inspection: We discussed how the registered manager engages with patients and relatives. They explained that alongside their open door policy patient and relatives meetings are held quarterly. Records evidenced that patients meetings were held on 30 June and 21 November 2017; the next meeting was scheduled for 24 January 2018. Relatives meetings were held on 14 April and 26 October 2017. The registered manager explained that, as neither meetings were well attended, they were currently reviewing the format of the relatives meetings with a view to incorporating an information evening. For patients receiving intermediate care a satisfaction questionnaire is provided for patients/relatives as part of the discharge arrangements. A review of the reports of the monthly monitoring visits also demonstrated examples of patient engagement. Following discussion with the registered manager and a review of records we were satisfied that the methods available for engagement with patients/patients' representatives were effective. This area for improvement has 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. A review of the staffing roster for week commencing 22 January 2018 evidenced that planned staffing levels were adhered to. In addition to nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily. No concerns regarding staffing provision within the home were raised during discussions with patients, relatives and staff.

The registered manager explained that a number of registered nurse posts were vacant and that recruitment was ongoing. In the interim a number of staff were currently supplied by employment agencies. The registered manager explained that they attempted to block book staff to ensure consistency and continuity of care. A profile containing confirmation of the AccessNI check, registration with the Nursing and Midwifery Council (NMC) and training was held in the home for each staff member supplied by an agency.

We discussed the provision of mandatory training with the registered manager and reviewed the training records for 2017/18. Training is all delivered face to face. Training records evidenced good compliance with moving and handling, infection prevention and control and safeguarding. The manager confirmed that they had systems in place to facilitate compliance monitoring.

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets. The home was fresh smelling, clean and appropriately heated. The décor in the home was tasteful and well maintained. There were no issues identified with infection prevention and control practice. Fire exits were observed to be clear and free from obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the home's environment.

Areas for improvement

No areas for improvement were identified with the delivery of safe care during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

We reviewed a selection of care records for twelve patients. Patients had a comprehensive assessment of need and a range of validated risk assessments completed. Assessments were reviewed as required and at minimum monthly. There was evidence that assessments informed the care planning process. Care records contained good details of patients' individual needs and preferences.

A review of three patients evidenced that systems where in place to identify patients at risk of losing weight. Patients weights were checked a minimum of monthly to identify any patients who were actively losing weight. Weight loss, or gain, was calculated monthly and appropriate action taken in a timely manner. Records reflected that referral pathways were in place for the appropriate healthcare professionals.

We observed the serving of lunch in the dementia unit. Patients had a choice to either come to the dining room for lunch or have lunch in the lounge or in their bedroom. Tables were set with cutlery and napkins and a selection of condiments were available. Patients who had their lunch away from the dining rooms had their meals served on a tray; we observed that the meals were covered whilst being taken to them. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance. All of the patients spoken with enjoyed their lunch. Staff confirmed that all patients have a choice of dishes at each mealtime.

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and the communication of patients' needs between staff and the dining experience.

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.

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following are examples of comments provided:

"Staff are very nice and helpful."
"Good food, I am starting to put on weight."
"I like it ok but I would prefer to be at home."
"I am well cared for, no complaints."

We spoke with the relatives of three patients. All were complimentary regarding staff and the care in the home and confirmed that they were made to feel welcome when they visited.

Questionnaires were issued to relatives, none were returned prior to the issue of this report.

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing patients and their relatives.

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 observation of patients evidenced that the home was operating within its' registered categories of care. The most recent certificate of registration issued by RQIA were appropriately displayed in the foyer of the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. A review of the duty rota evidenced that the registered manager's hours were recorded. A registered nurse was identified to take charge of the home when the registered manager was off duty. The position of deputy manager was vacant at the time of the inspection.

As previously discussed monthly audits were completed. Discussion with the registered manager and the records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

Discussion with the registered manager and a review of records evidenced that systems were in place for the management of complaints and the recording of compliments. There was good details of the nature of complaints received and the responses provided. The following are examples of compliments received:

"Everytime we came to visit mum someone took the time to speak to us regarding mum's care and this was much appreciated."

"All of the staff were brilliant – they struck a balance between efficiency and attention to detail and always dealt with mum in a dignified manner."

"On admission I was greeted by smiling staff and felt immediately at home."

A review of records evidenced that monthly monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. 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, management of complaints and compliments and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified 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 Sharon Smyth, 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 12 (1) (a) and (b) **Stated:** Second time **To be completed by:** 20 February 2018	The registered persons shall ensure that registered nurses have oversight of the bowel records, to ensure that indicators of constipation are identified and acted upon; this information should be included in the daily progress notes. Ref: Section 6.2
	Response by registered person detailing the actions taken: All staff nurses will ensure that bowel records are checked on a daily basis and any necessary action taken. The home manager will monitor the recording on a weekly basis.

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

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