



Unannounced Care Inspection Report 4 February 2021



The Court Care Home

Type of Service: Nursing Home (NH)

Address: 1a Queens Avenue, Ballymoney, BT53 6DF

Tel No: 028 2766 6866

Inspector: Michael Lavelle

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 45 persons.

3.0 Service details

Organisation/Registered Provider: The Model (Ireland) Ltd Responsible Individual: Anne O'Kane	Registered Manager and date registered: Colleen McWilliams 30 January 2020
Person in charge at the time of inspection: Anne O'Kane, responsible individual	Number of registered places: 45
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 4 February 2021 from 09.30 hours to 16.30 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 if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided 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	3	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Colleen McWilliams, registered manager, Jane Bell, regional quality manager and Anne O’Kane, responsible individual, 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 we met with eight patients, one patient’s relative and eight staff. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with ‘Tell Us’ cards for distribution to residents’ relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 1 February 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for three patients
- accident and incident reports
- record of complaints and compliments
- one staff recruitment/induction file
- records of audit
- a selection of monthly monitoring reports
- staff supervision and appraisal planner
- nurse in charge competencies
- complaints policy

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

The most recent inspection of the home was an unannounced care inspection undertaken on 08 August 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Regulation 14.26 Stated: Second time To be completed by: 31 August 2019 at least quarterly thereafter	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.6	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. We reviewed two patient property records and saw some evidence of improvement. Given the recent change of provider in the home we agreed to carry this forward until the next inspection.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

The responsible individual was in charge on the day of the inspection and the manager was working as a nurse on the floor. The responsible individual confirmed there were some short term staffing challenges which had been successfully addressed with the recent recruitment of two registered nurses. We discussed the arrangements and assurances were given that the current home occupancy would not be increased until sufficient registered nurses were in post.

Patients expressed no concerns regarding staffing levels in the home.

We spoke with eight members of staff who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

"The staffing is adequate and we have enough numbers. "

"The teamwork is very good. I like the working environment and working with elderly patients. "

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us:

"I'm the best. Good girls in here. "

"I have been in worse places. The staff are good. The food is alright. The staff check in on me regularly. "

"I am getting well looked after. I can see out the window. The staff are very good. "

"The staff are good. If they weren't, I wouldn't be long telling them. "

"I have been here seven years, it is great. "

"I am very happy here. "

"I am content here. You get plenty of grub. "

One relative spoken with told us:

“The staff have it hard. We have been updated on the home’s Facebook page. That has been good and we have had good contact from the home. ”

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; none were received within the timeframe for inclusion in this report.

Review of the activity boards and discussions with patients confirmed activities were delivered in the home. Activities included poetry/Ulster Scots, music, bingo, feed the birds, songs of praise and fish and chips evening.

On the day of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. A Facebook page was in use and regular telephone calls between the home, patient and their relatives were also in place.

We saw patients enjoying their lunch in the dining areas of the home. During our walk around the home we saw staff providing patients with snacks and fresh drinks. We asked the manager to review the choice of drinks available during the mid-morning break.

We observed that some patients were on bed rest and were unable use the nurse call bell system due to cognitive impairment because they did not understand how to use this. This was discussed with the manager who agreed to audit all bedrooms to ensure those patients who cannot use the nurse call bell system are on an appropriate supervision regime. This area should be care planned for appropriately. This will be reviewed at a future care inspection.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“So grateful to you for arrangements made on behalf of mum and dad.”

“We want to thank you for taking such good care of our relative. You are all very special caring people. Words are not enough at times like this. But we do want you to know we are very grateful.”

6.2.3 Care records

A range of assessments, to identify each patient’s needs, was completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), opticians, podiatrists and dieticians also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed three patients' care records which evidenced that care plans were person centred and reviewed regularly. Reviews of supplementary care charts such as repositioning records, food/fluid intake and daily care charts evidenced these were very well completed.

Review of care records for one patient with an infection confirmed involvement from the patient's general practitioners. An appropriate care plan was in place to direct care and the care had been implemented in a timely manner.

We reviewed one patient's needs in relation to wound prevention and care. Wound care documentation evidenced that a body map had been completed to identify the location of the wound and photographs were taken to evidence the improvement or deterioration in the wound. It was pleasing to see wound assessments and evaluations were, for the most part, well completed after the wounds were redressed. Records confirmed that the wounds were generally dressed in keeping with the care plan instructions, although we did identify a small number of occasions where this did not happen. This was discussed with the responsible individual for action as required.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced appropriate actions were consistently taken following the fall in keeping with best practice guidance. Review of daily progress notes confirmed that registered nursing staff did not consistently comment on the clinical and neurological observations taken post after a fall. This was discussed with the responsible individual who confirmed clinical supervision regarding this would take place.

Review of the daily progress notes for identified patients did not evidence the evaluation of activity provision activities provided to patients. We discussed the need for registered nurses to consider activities as an integral part of the care process with the responsible individual. They agreed to ensure all patients have an individual activity assessment which will inform an individual care plan. This will be reviewed at a future care inspection.

A new electronic care record system was being introduced for use in the home. Records were being transferred over by the clinical lead on the day of the inspection. The responsible individual confirmed that all care records were being audited as this was done as part of this process to ensure all care plans accurately reflected the assessed needs of the patients.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

We identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. Most staff wore face masks appropriately, although we saw staff applying and removing PPE inappropriately. There was a good availability of hand sanitising gel throughout the nursing home. We saw that some staff did not adhere to social distancing guidance at all times. Audits, including hand hygiene and use of PPE, were completed monthly and evidenced good compliance with best practice; this was not evidenced during the inspection. We were reassured that the new provider had identified the deficits in hand hygiene and more frequent audits had been implemented prior to the inspection.

They had also completed supervision with staff regarding Covid-19, hand hygiene and donning and doffing of PPE. The deficits identified were discussed with the manager and responsible individual and an area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be generally clean and warm. Fire exits and corridors were observed to be clear of clutter and obstruction.

We saw some defective crash mats during our walk around the home. The responsible individual confirmed they had been identified during a recent audit and new mats were on order. These arrived the day of the inspection and were replaced immediately. We identified some walls and doors that required painting. The responsible individual confirmed they would action this as required. We asked the manager to audit the bedrooms in the home to ensure they were in keeping with standard E20 of the Care Standards for Nursing Homes 2015 and all equipment is fit for purpose. This will be reviewed at a future care inspection.

We discussed the menus in the home with the cook. They confirmed that these were being replaced to include pictorial menus which would meet the needs of all the patients in the home.

6.2.5 Leadership and governance

Since the last inspection there has been a change in care provider in the home. RQIA were notified appropriately. The certificate of registration issued by RQIA was appropriately displayed. There was a clear management structure within the home and the manager and responsible individual were available throughout the inspection process. The manager retained oversight of the home and was supported by clinical lead staff. Staff commented positively about the change of provider. One staff member said,

“Things were a little up in the air but Anne (responsible individual) is steadying the ship. ”

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately. Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

Review of mandatory training compliance rates submitted after the inspection evidenced a low compliance in all areas. We discussed this with the responsible individual who provided assurances that the training had been identified as an area for action during their handover from the previous provider. They agreed to update the aligned inspector monthly with percentages of compliance. The manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. An area for improvement was made.

Staff confirmed they completed supervision and appraisals with senior management. Records reviewed post inspection confirmed these were appropriately planned for.

We requested a copy of the annual quality report for 2020. The manager confirmed this had not been completed. The responsible individual confirmed this would be completed retrospectively and shared with the aligned inspector. An area for improvement was made.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, weights, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. We discussed the deficits identified during the inspection with the manager and responsible individual. We were reassured by the robust action plan that was shared with RQIA post inspection that addressed the deficits identified.

We examined the reports of the visits by the registered provider and previous care provider for January 2021. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action. We noted that many areas on the previous provider's report had been carried forward for review from July, August, September and November 2020. This was discussed with the current responsible individual who incorporated all outstanding actions into their current action plan. This will be reviewed at a future care inspection.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between patients and staff, the cleanliness of the home and to the robust action plan to ensure good management and governance.

Areas for improvement

Three areas for improvement were identified. These related to infection prevention and control practices, mandatory training and the annual quality report.

	Regulations	Standards
Total number of areas for improvement	3	0

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to patients' individual needs. The home was clean, tidy and fresh smelling throughout.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in The Court Care Home was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Colleen McWilliams, registered manager, Jane Bell, regional quality manager and Anne O’Kane, responsible individual, 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Supervisions have been carried out with all staff regarding the correct use of PPE and the five moments of hand hygiene. Staff have been encouraged to complete CEC infection control training and 35 staff have booked a place to complete same via zoom and have been advised to provide the home manager with their certificate once completed. Hand hygiene audits are being carried out on a daily basis 5 per week being completed by the home manager. There is a new elearning system called ELFY which covers the five moments of hand hygiene and correct donning and doffing procedures of PPE.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: A new online training system called ELFY has been implemented within the home and as of 10.3.21 at 08.30 the compliance was at 99.45% for all mandatory training. All newly recruited staff will be completing their mandatory elearning as part of their induction process.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the annual quality report is completed for 2020. This should be shared with the aligned inspector on completion.</p> <p>Ref: 6.2.5</p>
<p>To be completed by: 1 April 2021</p>	<p>Response by registered person detailing the actions taken: The annual quality report has now been completed and is accessible within the front foyer of the home. This has been signed by the home manager.</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 14.26</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2019 at least quarterly thereafter</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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