Inspection Report

22 July 2021

The Court Care Home

Type of service: Nursing Home
Address: 1a Queens Avenue, Ballymoney, BT53 6DF
Telephone number: 028 2766 6866

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Model Group (NI) Ltd **Responsible Individual:** Mrs Jane Bell – Acting	**Registered Manager:** Ms Colleen McWilliams **Date registered:** 30 January 2020
Person in charge at the time of inspection: Ms Colleen McWilliams	**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:** 31
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 45 patients over two floors. Patients who have a dementia diagnosis are nursed on the ground floor Fir Tree Gardens unit. General nursing is provided on the first floor Evergreen Court unit. Patients have access to lounges, dining rooms and garden spaces.	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2021 from 7.10am to 5.30pm by care and estates inspectors.

Prior to the inspection RQIA received information that the responsible individual (RI) arrangements in the home had changed and which raised some concerns regarding the current registration and the ability of the current registered provider to effectively carry on the home. RQIA sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection.

Areas requiring improvement were identified in relation to record keeping of restrictive practice, care assistant access to care plans, recording of complaints and patients' access to hazardous areas in the home.

Patients said that living in the home was a good experience and talked about the choices they had in how to spend their day. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.
RQIA were assured that the delivery of care and service provided in The Court Care Home was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home. RQIA will continue to work with the registered provider to seek to resolve the ongoing registration matters to ensure that the home continues to operate effectively.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Colleen McWilliams, Registered Manager and Jane Bell, Acting Responsible Individual.

4.0 What people told us about the service

Ten patients and six staff were consulted during the inspection. Patients spoke positively on the care that they received and with their interactions with staff describing staff as lovely. Patients also complimented the food provision in the home. Staff were confident that they worked well together; provided good care and enjoyed working in the home and interacting with the patients. Staff also acknowledged the challenges they faced with the staffing arrangements in the home as a result of unplanned short term leave.

There were no questionnaire responses received or any responses from the online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	**Met**
	Action taken as confirmed during the inspection: The infection prevention and control issues identified had been managed appropriately. A system was in place to monitor infection control compliance in the home.	
Area for Improvement 2 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Training records reviewed evidenced that the appropriate training had been conducted with staff and that the management team had a good oversight of this training to maintain compliance.	

Area for improvement 3 **Ref:** Regulation 17 (1) **Stated:** First time	The registered person shall ensure the annual quality report is completed for 2020. This should be shared with the aligned inspector on completion.	**Met**
	Action taken as confirmed during the inspection: The annual quality report had been completed and available for review.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 14.26 **Stated:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: Patients' belongings had been reconciled appropriately on a quarterly basis.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Following the change in RI arrangements in the home, a concern was identified from the current management team in relation to recruitment and employment checks, however, the acting RI confirmed that recruitment was ongoing and that negotiations were in progress to rectify this. RQIA will continue to monitor these arrangements.

All staff were provided with a comprehensive induction programme to prepare them for working with the patients; this also included agency or temporary staff. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. Staff confirmed that they were further supported through staff supervisions and appraisals. A matrix was maintained to ensure that all staff received an annual appraisal and at minimum two supervisions per year.

Staff said there was good teamwork, though, some raised concerns on the impact of unplanned short term leave such as sick leave when additional staff could not be obtained to replace the staff member.
This was discussed with the manager who confirmed that a process was in place for staff to follow when any staff contacted the home confirming non-attendance due to sickness.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. This included the use of agency staff. The duty rota identified the nurse in charge when the manager was not on duty.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially. However, only registered nurses and managers had access to patients' care plans which were maintained electronically. Care assistants did not have access to the care plans to utilise as a reference guide to the provision of care. This was discussed with the manager and identified as an area for improvement.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. A record of repositioning had been maintained and included evidence of skin checks on repositioning. Contemporaneous records of wound management had been maintained where any breaks to the skin had been identified.

Where a patient was at risk of falling, a dedicated falls care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. A falls safety calendar was in use in each of the units. Following any fall in the home a post fall review was conducted by the

manager to ensure that the appropriate actions had been taken following the fall; the appropriate persons notified and the appropriate records updated. This was good practice.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats, tag monitors and/or bed rails. Review of a patient's care records and discussion with the manager confirmed that the correct procedures had not been followed when a patient was observed with bedrails in use. A bedrail risk assessment had not been completed and a care plan was not in place to guide staff on the use of bedrails. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

The cook had a good system in progress in ordering fresh food and good stocks of food were observed in the dry food store; fridges and freezers. The home operated a three week rolling menu and any changes to the menu had been recorded.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, kitchen and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. There was evidence of recent redecoration and the managers confirmed that new wallpaper and flooring had been ordered to upgrade the foyer in the home. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

During the inspection we observed chemicals accessible to patients in a sluice cupboard and the door to the treatment room was maintained open where medications were also accessible to patients in open cupboards. This was discussed with the manager and identified as an area for improvement.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff. Environmental infection prevention and control audits had been conducted monthly.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

We reviewed a sample of building services maintenance validation certificates, risk assessments, and building user inspection/test log book records.

The fire risk assessment and legionella risk assessment documents reviewed were dated 21 June 2021 and 20 February 2019 respectively.

A number of building maintenance validation items were identified as requiring additional clarification:

The most recent Lifting Operations and Lifting Equipment Regulations (LOLER) `thorough` examination report for the passenger lift installation was not available for review. Lift maintenance servicing had been completed in March 2021, there was no indication of danger listed in the previous LOLER report of the passenger lift, and the next LOLER inspection was due in July, therefore there was no immediate concern raised. An e-mail communication from the registered individual dated 5 August 2021 provided a copy of 29 July 2021 LOLER report. The LOLER Reg 9 report provided satisfactory assurance that the lift installation was in a safe condition for use.

The electrical installation BS7671 periodic inspection report was completed on 30 May 2018, the condition of the installation was listed as `unsatisfactory`, and a remedial works action plan was appended to the report. Evidence was required to verify the electrical system was repaired/ improved to create a safe and satisfactory condition. E-mail communications dated 3 August and 13 August 2021 provided a copy of the 28 June 2018 BS7671 remedial works completion certificates, and provided assurance that the electrical installation was in a safe condition.

There was no engineering validation certificate/report available to verify that the emergency generator installation had received an annual maintenance service inspection/test within the previous twelve month period. There were no building user/janitor test activation records available to confirm that the emergency generator was tested routinely. An engineering contractor works verification certificate was submitted and confirmed that the emergency generator had been tested & serviced on 9 March 2021. Routine emergency generator test/activation records were submitted and reviewed, providing satisfactory evidence that building user assurance checks were implemented.

The legionella risk assessment (LRA) Scheme of Control section listing named individuals, roles & responsibilities section has not been altered, and the action plan recommendations section completed items should be validated.

A 24 August 2021 e-mail communication from the registered individual confirmed a review has been completed and a new risk assessment document will be submitted. The new LRA

document submitted was dated 17 August 2021, the named individuals, roles and responsibilities were amended and noted as satisfactory. The LRA report Action Plan contains 17 recommended actions, all categorised low to medium priority, to reduce the risk from legionella to as low as reasonably practicable. The action plan recommendations should be annotated & validated as work is completed.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

There had been a recent change in the activity coordinators in the home leaving one activity person providing activities on a part time basis and care assistants allocated to provide activities at other times. Plans were in place for the recruitment of another activities coordinator. Each patient had an activity care plan and records of completed activities had been maintained. The activity provision included group activities and one to one activity for those who did not wish to or could not engage in the group activities.

Visiting and care partner arrangements were in place, in accordance with DOH guidelines, with positive benefits to the physical and mental wellbeing of patients. Visiting was by appointment only and patients were offered up to four visits per week. Virtual visiting using technology was also encouraged. Patients spoke positively on the visiting arrangements in the home.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been no change in the management of the home since the last inspection. Ms Colleen Mc Williams has been the registered manager in this home since 30 January 2020. The RI had left on 12 May 2021 and Jane Bell was appointed RI in an acting capacity. RQIA were aware that the ownership of the home was going through a transition. There were ongoing issues identified in relation to the registration of the home and RQIA are liaising with the home management and Trust in this regard. The relevant applications had been received by RQIA and are being assessed.

Staff commented positively about the manager and the management team and staff felt that managers would listen to them if they had any concerns. Staff expressed apprehension to a planned change pending in the senior management arrangements for the home. RQIA had received an application in for another provider so there was a potential change of owner/operator. Regular monthly staff meetings had been conducted and an additional meeting was held in May 2021 by the current acting RI to notify staff of changes to the directors and RI arrangements.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Where deficits were identified, an action plan had been developed and reviewed to ensure that the identified actions had been completed.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home.
A complaints file was maintained, however, the complaints records were not sufficient to detail the nature of the complaint and all corresponding actions taken in response to the complaint. For example, a record of any investigation, conversations had and any responses to the complainants. This was discussed with the manager and identified as an area for improvement.

Cards and compliments were displayed in the reception area. A discussion was had on how to capture and enhance the record keeping of the receipt of compliments such as gifts received, verbal compliments and letters or emails of thanks.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to, although, five staff consulted were not aware of who the adult safeguarding champion for the home was. The adult safeguarding champion is the person nominated in the home who has responsibility for implementing the regional protocol and the home's safeguarding policy. This was discussed with the manager who agreed to address this with all staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. Staff were knowledgeable in relation to each patient's individual needs and care was provided in a caring and compassionate manner. Patients' bedrooms were personalised with their own belongings and communal living areas were maintained clean and tidy. Five areas for improvement were identified and included in the Quality Improvement Plan below. Addressing the areas for improvement will further enhance the quality of care and services in the home.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the manager.

RQIA are continuing to work with the registered provider to seek to resolve the ongoing registration matters.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Colleen McWilliams, Registered Manager and Jane Bell, Acting Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that any area accessible to patients is maintained hazard free. This is in relation to: Patients' access to chemicals in any area in the home. Patients' access to medications in the treatment room. Ref: 5.2.3
	Response by registered person detailing the actions taken: Spot checks have been completed daily by the Home Manager and signage has been put in place to ensure staff are aware not to leave the door unlocked at anytime or to leave the 'snib' on the door.
Area for improvement 2 **Ref:** Regulation 14 (2) **Stated:** First time **To be completed by:** 30 September 2021	The registered person shall confirm in writing to RQIA that the items in the 17 August 2021 Legionella risk assessment have been reviewed, listing any action plan items implemented. Proposed dates for the completion of the remaining action plan items must also be submitted to RQIA. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Legionella Risk Assessment was completed on 17.08.21 and sent to the Estates Inspector.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 31 August 2021	The registered person shall ensure that care assistants have access to patients' care plans to utilise as a reference point for care provision. Ref: 5.2.2
	Response by registered person detailing the actions taken: Planned training and individual roll out of log in details had been planned but due to the 'Notice of Decision' from RQIA and subseqent closure of the Home it has not been possible to complete. Summary care plans have been provided to all trust staff involved in care and to future placements to allow for continuity of care.

Area for improvement 2 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 31 August 2021	The registered person shall ensure that when bedrails are in use, a bedrail assessment has been completed and a care plan for the use is included within the patient's care records. Ref: 5.2.2
	Response by registered person detailing the actions taken: Bedrail monthly auidt now in placemnet and new consent paperwork has been put in place for all residents who have bedrails in use.
Area for improvement 3 **Ref:** Standard 16 Criteria (11) **Stated:** First time **To be completed by:** 31 August 2021	The registered person shall ensure that records of complaints contain the nature of the complaint; all corresponding actions taken including detail of any investigations or discussions had and any correspondence issued as a result. Ref: 5.2.5
	Response by registered person detailing the actions taken: More detail will be included with all furture complaints and new forms have been implemented to ensure all details are captured and filed effectively.

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

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