



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

| | |
|-------------------------------|------------------------|
| Name of Establishment: | Camphill |
| Establishment ID No: | 1455 |
| Date of Inspection: | 3 October 2014 |
| Inspector's Name: | Carmel McKeegan |
| Inspection ID: | 17094 |

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

| | |
|--|---|
| Name of Home: | Camphill |
| Address: | 62 Toome Road Ballymena BT42 2BU |
| Telephone Number: | (028) 2565 8999 |
| E mail Address: | camphill@fshc.co.uk |
| Registered Organisation/ Registered Provider: | Four Seasons Health Care Mr James McCall |
| Registered Manager: | Ms Dulce Amor Yanga-Ali (Acting manager) |
| Person in Charge of the Home at the Time of Inspection: | Ms Dulce Amor Yanga-Ali (Acting manager) |
| Categories of Care: | Nursing - I, PH, PH(E), DE, MP(E) - one identified patient 72 |
| Number of Registered Places: | 72 |
| Number of Patients Accommodated on Day of Inspection: | 68 |
| Scale of Charges (per week): | £581.00 |
| Date and Type of Previous Inspection: | 3 June 2014, Primary Unannounced Inspection |
| Date and Time of Inspection: | 3 October 2014 9:30am - 5:30pm |
| Name of Inspector: | Carmel McKeegan |

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Acting Home Manager, Ms Dulce Amor Yanga-Ali and Mr John Coyles, Peripatetic Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

On 30 September 2014, RQIA received an anonymous letter relating to Camphill Care Home, the whistle blower raised a number of concerns in the following areas;

Staffing

- insufficient staff available in the home to meet the needs of the patients in the Glendun Suite and the Glenshesk Suite
- the use of agency staff having a detrimental effect on patient care
- poor relations between staff and the acting manager
- often one care assistant is left to manage the Glenshesk Suite at night

Administration of medication,

- treatment rooms and drug trolleys untidy and messy
- drug kardex not providing up to date patient identification photographs
- night time medications (prescribed for 10.00pm) being administered before the day duty nurse finishes the shift, i.e. night medications being administered at 7.15pm

Record keeping

- agency staff on night duty are primary nurses as there are not enough staff in the home
- an identified overseas registered nurse unable to record patient records using English, and writes half the records using the nurse's native language

Environmental issues,

- the internal temperature is too warm for patients and staff, there are no wall thermometers
- one room identified has had a broken call bell for weeks, also no electrical socket for an alarm mat for the patient
- one identified patient's mattress extends 10cms over the end of the bed, causing the patient to fall

Equipment provisions

- clinical diagnostic equipment, i.e.; thermometer, stethoscope, syphgmanometer not readily available in the treatment rooms
- insufficient number of hoists, hoists have to be shared between the units.
- lack of liquid soap in dispensers
- not enough face cloths and towels for patients
- incontinence pads not provided in sufficient and suitable quantity to meet the needs of the patients in the Glendun Suite

Meal provision

- no soft diets provided for patients at supper time
- staff have been told to reduce meals as the home is over budget

Care practice

- patients in Glenariffe Suite only having 300 -700mls of fluids recorded
- nurses not monitoring patients bowel habits

Absence of proper induction for two specific staff members,

- two overseas staff members commenced work in the nursing home without completing a proper induction

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

2.0 Profile of Service

Camphill Care home is situated in a quiet residential area on Toome Road in the town of Ballymena. The home is located close to the main transport routes.

The nursing home is owned and operated by Four Seasons Healthcare Limited. The current registered manager, Ms Valerie Reynolds is on planned leave; Ms Dulce Amor Yanga-Ali is the acting home manager.

Accommodation is provided in three separate units. The Glenariffe Suite has 30 beds, the Glenshesk Suite has 12 beds and the Glendun Suite has 30 beds. The Glenshesk and Glendun Suites accommodate patients with dementia.

Sanitary facilities, bedrooms, communal lounges and dining facilities are available in each suite. Laundry and catering facilities are also provided. A large car park is available with an entrance to each suite.

The home is registered to provide care for a maximum of 72 persons under the following categories of care:

Nursing care

| | |
|--------|--|
| I | old age not falling into any other category |
| PH | physical disability other than sensory impairment under 65 |
| PH (E) | physical disability other than sensory impairment over 65 years |
| DE | dementia care |
| MP (E) | mental disorder excluding learning disability or dementia - over 65 years (one identified person only) |

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Camphill Care Home. The inspection focused on the concerns raised by a whistle blower in a letter received in RQIA on 30 September 2104. The inspection was undertaken by Carmel McKeegan on 3 October 2014 from 9.30am to 3.30pm.

The inspector was welcomed into the home by Ms Dulce Amor Yanga-Ali, the Acting Home Manager who was available throughout the inspection. Mr John Coyles, Peripatetic Manager was also present in the home throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Yanga-Ali and Mr Coyles at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and visitors to the home. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 3 June 2014, two requirements and two recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that both requirements are compliant. One recommendation is also assessed as compliant and the other recommendation was not reviewed at this inspection and is carried forward to the next care inspection.

Details can be viewed in the section immediately following this summary.

The inspector outlined the purpose and focus of the inspection with the acting home manager and the peripatetic manager at the outset of the inspection, and shared the concerns raised by the whistle blower. The acting home manager and peripatetic manager co-operated fully with the inspector both during the inspection and in follow up communications.

The focus of the inspection included a review of the following areas;

- staffing levels, staffing skill mix, staff relations
- review of staff meetings
- review of annual appraisal and supervision provision for all staff
- management and administration of medications
- availability of clinical diagnostic equipment
- condition of clinical rooms
- record keeping
- the named nurse process
- availability of adequate resources in the form of incontinence wear, towels and face cloths, liquid soap, moving and handling equipment
- the internal environment, to include two identified bedrooms
- meal and snack provision at supper time for patients
- care practice in relation to patient's fluid management and monitoring of patient's bowel activity, in the Glenariffe Suite
- accident occurrence and analysis
- management of complaints
- staff induction records

Details of the inspection findings can be found in the main body of the report.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. The inspector spoke with four registered nurses and six care assistants who confirmed that despite the use of agency staff in the home, staff stressed that they worked hard to ensure that patient's needs were met.

The inspector also spoke with four patients and two relatives who stated they were satisfied with the standard of care in the home and praised the staff for their patience, kindness and caring attitudes shown to patients.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

The inspection identified several areas for improvement in relation to; staff provision including staff skill mix, staff support, staff supervision, medication management, provision of essential supplies and equipment, the induction process for temporary seasonal staff and record keeping.

Therefore, eight requirements and five recommendations are made. One recommendation is also carried forward for review at the next care inspection. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, relatives, the acting home manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------|--|--|--------------------------------------|
| 1 | 27 (2) (b) | <p>The registered person shall having regard to the number and needs of the patients, ensure that the premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally.</p> <p>Doors and architraves were damaged throughout the home. These should be repaired/ replaced.</p> | <p>Observations made during this inspection confirmed that improvement has been made; doors and architraves have been repaired or replaced. The acting home manager confirmed that works will continue until all areas have been refurbished.</p> <p>This requirement is assessed as compliant</p> | Compliant |
| 2 | 27 (2) (b) | <p>The registered person shall having regard to the number and needs of the patients, ensure that the premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally.</p> <p>There was moisture between double glazing panels in a number of patients' bedrooms. These should be repaired/ replaced.</p> | <p>The acting home manager confirmed that the windows identified were replaced on 13 August 2014. The inspector did not observe any further window defects.</p> <p>This requirement is assessed as compliant.</p> | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|--------------------------------------|
| 1 | 32.8 | The registered person should submit to RQIA the timescales for completion of the work to repair/replace damaged doors and architraves. | The inspector can confirm that this recommendation has been addressed. This recommendation is assessed as compliant | Compliant |
| 2 | 28.4 | The registered person must ensure that care assistants receive a training update on the prevention of pressure ulcers. | Due to the focus of this inspection this requirement is carried forward for review at a future inspection. | Not inspected |

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one letter received by RQIA regarding whistleblowing which resulted in the unannounced inspection to which this report refers.

Since the previous inspection on 3 June 2014, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Camphill Care Home.

5.0 Inspection Findings

5.1 Staffing provision

The acting home manager confirmed that at time of this inspection there were three full time registered nurse vacancies which were being covered by agency nursing staff. The acting home manager stated that all vacant positions have been robustly advertised and in the interim she continues to work with several nursing agencies to make 'block bookings' in attempt to attract the same staff and ensure continuity of agency staff in the home.

The inspector examined the nursing and care staff rotas for each Suite for the four week period from the 8 September 2014 to 5 October 2014 in conjunction with the patient occupancy and dependency levels provided at the time of this inspection.

The inspector identified several areas where staff provision did not comply with the minimum levels stated in RQIA Staffing Guidance for Nursing Homes (2009). The inspector sent email correspondence to the acting home manager for verification of staffing provision for the dates and times identified.

The acting home manager responded promptly and confirmed that for some of the times and dates identified, there were sufficient staff on duty to meet with RQIA's minimum staffing standards, but the name and designation of the staff member had not been accurately recorded on the relevant staff rota. The acting home manager confirmed that other staff payment records can verify the names of all members of staff on duty for each shift. It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 4 that the registered person ensures that a copy of the duty roster of persons working at the nursing home, and a record of whether the roster was actually worked, is available in the home at all times. Duty rosters should be up to date at all times.

The following staffing shortfalls were confirmed;

- Glenariffe Suite - Occupancy 28 patients in house and one patient in hospital

On 23.9.14, 24.9.14, 26.9.14 and 27.9.14 from 2.00pm to 8.00pm there was one registered nurse on duty. The acting home manager stated that an extra care assistant was on duty as registered nurse was not available which provided the recommended minimum staff to patient ratio of 1:6, however the recommended staffing skill mix of 35% registered nurses to 65% care staff was not met at these times.

- Glendun Suite - Occupancy 24

On 16.9.14 and 17.9.14 from 2.00pm to 8.00pm there was one registered nurse on duty.

- Glenshesk Suite - Occupancy 11

There was no registered nurse on night duty (8.00pm to 8.00am) for the Glenshesk Suite on 8 September 2014, 9 September 2014, 11 September 2014 and 12 September 2014. The acting home manager confirmed this to be accurate, stating that the unit was overseen by the nurse in charge of the Glendun Suite where there were 24 or 25 patients accommodated and added that on 11.9.14 and 12.9.14 an additional care assistant had been put on night duty in the Glenshesk Suite.

The Glendun Suite and Glenshesk Suite are separated by the kitchen and service area, the Suites are connected by a corridor running alongside the kitchen area. The layout of the building does not facilitate/provide for one nurse to adequately supervise these two Suites.

- Glenariffe Suite - Occupancy 28

On 12 September 2014 from 5.00pm - 8.00pm there was one registered nurse and three care assistants, there was also a new care assistant being inducted, this member of staff is not counted in the numbers as this would appear to be the first day of induction.

Therefore the minimum staffing provision of 1:6 was not met nor was the staffing skill mix met for this period of time.

It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 20 (1) (a) that the registered person ensures that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate to the health and welfare of the patients.

The inspector spoke with four registered nurses and six care staff who indicated that they were satisfied with standard of care provided in the nursing home. One registered nurse stated that the use of agency nurses particularly at night, is time consuming as the nurse finishing the day shift has to provide a very detailed handover report and then orientate the nurse to the unit in relation to fire safety and emergency procedures and equipment. This comment was discussed with management during feedback who stated that the delegated nurse in charge of the home at night is always a permanent member of nursing staff, who has completed a nurse-in-charge competency and capability assessment. This nurse is available to orientate registered nurses who have not previously worked in the home.

Nursing staff and care staff spoken with did not raise any concerns regarding the standard of care provided by agency nurses or care assistants.

Staff confirmed that earlier in the year, especially over the summer months, agency registered nurses and care staff were employed more frequently than in the recent weeks before this inspection. Staff spoken with reported that in general there were good working relationships between staff in the home. Staff stated that should they have any concerns they felt they could speak with their nursing sister and/or the acting home manager. Observations made during the inspection evidenced that care was delivered in a timely way.

Review of staff training records showed that staff meetings had taken place on a regular basis, and were provided to accommodate different staff groups, e.g.; catering staff, domestic staff etc.

Discussion with four registered nurses and six care assistants indicated that staff have received an annual appraisal however several staff members were not familiar with recorded, individual formal supervision. Discussion with the acting home manager during feedback confirmed that whilst there is evidence to show that group supervision has taken place, the acting home manager has not had the time or opportunity to facilitate and organise individual formal supervision for each staff member.

It is recommended that management establish a template to record the details of formal supervision meetings providing a timetable of scheduled formal individual supervision meetings in accordance with the arrangements specified in home's staff supervision policy and procedure.

It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 20 (2) that the registered person ensures that persons working at the home are appropriately supervised.

The inspector spoke with four patients and two patient's relatives who each expressed satisfaction with the care and attention provided by all members of staff, there were no concerns raised with the inspector.

5.2 Medication Issues

5.2.1 Clinical Rooms

The inspector observed the clinical room in each of the three suites and made the following observations;

Glenariffe Suite

- there was no blood pressure monitoring equipment, stethoscope or clinical thermometer stored with the emergency equipment. The daily checklist showed that these items had not been present since 1 September 2014.
- the sharps box had not been signed or dated at the point of assembly.
- the clinical room was tidy and organised.

Glenshesk Suite

- the blood pressure monitoring equipment, stethoscope or clinical thermometer stored were available and were stored with the emergency equipment, a checking procedure was in place and was up-to-date.
- the medicines fridge temperature had not been recorded since 1 October 2014.
- there was no identification photograph for two of the twelve patients accommodated in this unit.

Glendun Suite

- the blood pressure monitoring equipment, stethoscope or clinical thermometer stored were available and were stored with the emergency equipment, a checking procedure was in place and was up-to-date.
- there was no identification photograph for four of the twenty seven patients accommodated in this unit.
- the clinical room was untidy, boxes of syringes stored on the floor, items of staff belongings on the floor, and boxes of patients records stored on top of the wall mounted cupboards.
- flaked paint and damaged wall surfaces indicated that the clinical room is need of repainting.

It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 14 (2) (c) that the registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated with regard to the following;

- diagnostic equipment should be readily available at all times and should be easily located by permanent and temporary staff.
- patient identification photographs should be provided within an agreed timeframe to reduce the risk of mistaken identity particularly when the home is reliant on temporary/agency registered nurses.
- clinical rooms should be kept clean, neat and tidy. Personal staff belongings should not be stored in the clinical environment.

5.2.2 Administration of medication

The whistle blower stated that in the Glenshesk Suite when there is no registered nurse on duty in this unit, 10.00pm medications were administered to patients at 7.15pm.

The inspector discussed this statement with the acting home manager who confirmed that on 8 September 2014; 9 September 2014; 11 September 2014 and 12 September 2014, when there was no registered nurse available to work in the Glenshesk Suite on night duty, the acting home manager confirmed that she had asked the day duty registered nurse to administer the night time medications before finishing the day time span of duty. This is not acceptable practice as there are several medicines specifically prescribed within a time frame for optimum benefit for the patient. The peripatetic manager confirmed that this is not usual practice and would be reviewed at local level as a matter of urgency.

It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 13 (4) that the registered person shall make suitable arrangements for the safe administration of medication, medications should be administered at the prescribed time.

5.3 Record management

Discussion with the acting home manager and four registered nurses confirmed that there is named nurse system in place. The inspector observed a whiteboard displayed in the nurse's office in the Glenariffe, Glenshesk and Glendun Suites, which showed the named nurse allocation for each patient accommodated in the home.

The acting home manager stated that one agency nurse who has been working in the nursing home since January 2014 in the Glenshesk Suite on a weekly basis has been allocated responsibility of one patient in respect of keeping this patient's care records up to date, the acting home manager also stated that the agency nurse is twinned with the nursing sister for the Glenshesk Suite who supervises all the patient's care records in this Suite.

Observation of the named nurse allocation board in the Glenshesk Suite showed that this agency nurses' name and the nursing sister's name were both allocated to one patient. All other named nurses were permanent staff members.

Discussions with four registered nurses indicated that nurses were satisfied with the named nurse process operating throughout the home.

The inspector reviewed two patient's care records for which the identified overseas registered nurse is the allocated named nurse. Review of each aspect of patient's records showed that the records made were legible and written in English. The inspector reviewed other records made by this nurse, for example, other patient's daily progress records, and did not observe any difficulty with the record keeping ability of the registered nurse identified by the whistle blower.

However when reviewing patient care records in the Glenshesk Suite the inspector encountered patient care records that were extremely difficult to decipher, the inspector raised this issue during feedback as action is required to ensure that this registered nurse improves upon the legibility of the records for which they are responsible. Patient care records must be legible at all times in keeping with the NMC Code of Conduct 2008 and an NMC guideline on Record Keeping, a recommendation is made in this regard.

5.4 Environmental issues

In response to the issues raised by the whistle blower, the inspector spoke with four registered nurses and six care assistants, and enquired about the general work environment. Staff stated they regularly work from 8.00am to 8.00pm and the home temperatures are well regulated in all areas of the home. Staff had no concerns with the internal temperature of the home.

On the day of the inspection, wall thermometers were observed in each of the clinical rooms.

The inspector examined the bedroom identified and confirmed that patient call bell was functioning, an electrical socket was available for the patient's alarm mat, which was in place and tested as fully functioning.

The inspector examined the other bedroom identified by the whistle blower and confirmed that the patient's mattress extended by a notable amount, over the base of the bed end. The acting home manager stated that a new bed had been requisitioned. It is the inspector's professional opinion that, in the interest of patient safety and dignity, an appropriate bed should have been provided for the patient at the time of admission.

It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 27 (2) (c) that the registered person shall ensure that equipment is provided at the nursing home for use by patients is in good working order, and suitable for the purpose for which it is to be used.

5.5 Provision of equipment

The whistle blower stated that;

- clinical equipment, i.e.; thermometer, stethoscope, syphgmanometer are not readily available in the clinical rooms.
- insufficient numbers of hoists, hoists have to be shared between the units.
- lack of liquid soap in dispensers.
- not enough face cloths and towels for patients.
- incontinence pads not provided in sufficient and suitable quantity to meet the needs of the patients in the Glendun unit.

The inspector addressed the issue regarding clinical diagnostic equipment in Section 5.2.1 when reviewing the clinical rooms in the home. A requirement is made in this regard.

Regarding other concerns raised; discussion with staff indicated they were satisfied with the provision of hoists and other moving and handling equipment in relation to patient need. Observations on the day of inspection indicated that a variety of moving and handling equipment was available in each of the three Suites.

Observation of hand washing sinks throughout the home in a variety of locations confirmed that liquid soap was readily available, staff members spoken with stated there was no difficulty or shortage of liquid soap.

Observation of patient's bedrooms and linen cupboards and discussion with staff members indicated that there was a sufficient supply of face cloths and towels for patients.

Discussion with two registered nurses and three care assistants working in the Glendun Suite confirmed that incontinence pads and disposable wipes, gloves etc. are delivered to each Suite every Thursday.

Staff also confirmed that a continence assessment had been undertaken for each patient which recorded, where appropriate, the most appropriate type of incontinence wear (pad) for each patient. Staff stated that this information was supplied in each patient's bedroom so that all staff including relief staff would use the most incontinence product for each patient. The inspector was informed that each Thursday, patients who require incontinence wear would have a week's supply of incontinence wear stored in their bedroom, usually inside their wardrobe.

These staff members who spoke with the inspector stated that on occasion there would not be enough of the heavier absorbency pads for the patients that were assessed as needing this product, and they would have to 'borrow' pads from another patient's supply.

All staff members stated very clearly that in the Glendun Suite on a very regular basis they do not have enough disposable wipes which they require to attend to patient's hygiene needs.

The inspector discussed the availability of incontinence wear and disposable wipes with the acting home manager and the peripatetic manager who confirmed that an immediate review of existing requisitioning and provision practices would take place to ensure that sufficient provision of incontinence wear and disposable wipes were provided at all times. It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 13 (1) (a) that the registered person shall ensure that the treatment and other services provided to each patient reflect best practice and are provided by means of appropriate aids and equipment.

5.6 Meal Provision

The whistle blower stated that;

- some evenings there are no soft diets provided for patients at supper time
- staff have been told to 'cut down' meals as the home is over budget.

The inspector had discussions with four registered nurses and six care assistants all of whom stated they had no concerns regarding the provision, quantities, quality and choices of meals,

snacks and beverages provided to each Suite within the nursing home. Staff comments indicated they were satisfied with meal provision in general. Staff stated that management had never spoken of the home budget in conjunction with the catering arrangements in the home.

Staff spoken with stated that supper trolleys were prepared by the catering staff and that patients on modified diets were provided a variety of foods and snacks. One care assistant informed the inspector that there were no patients accommodated in the Glendun Suite who required a soft diet, therefore they would not expect modified snacks/foods on the supper trolley for the Glendun Suite.

5.7 Care practice

The whistle blower stated that;

- some patients in Glenariffe unit only have 300 -700mls of fluids recorded
- nurses not monitoring patients bowel habits

The inspector discussed patient fluid management with the nurse in charge of the Glenariffe Suite who provided the inspector with a record of each patient's daily (24hour) fluid intake for the previous few weeks. The nurse in charge stated that the nurse on night duty completes each patient's fluid intake chart and totals the patient's intake for that previous day, this amount is then recorded in the respective patient's daily progress record.

A review of two patients care records showed that a registered nurse had verified the total fluid intake over the 24 hour period which was recorded in the respective patient's daily progress record, however patients' daily progress records did not reflect the action taken, if any, where a patient did not meet their daily fluid target. A recommendation is made in this regard.

During discussion with staff members revealed that whilst nursing staff spoken with were aware of the Bristol Stool chart, they confirmed that they did not consistently record patient's bowel activity using the Bristol Stool Chart. A recommendation is made in this regard.

5.8 Inadequate induction for two identified staff members

The inspector reviewed the personnel records for the two identified staff members which showed that both members of staff commenced employment in Camphill Care Home in May 2013. There was a certificate stating that both staff members had completed induction training in Basic First Aid, Fire Precaution, Food Hygiene and Infection Control, the certificate was dated 25 May 2013.

The acting home manager stated that the two identified staff members came to Camphill Care Home in 2013 for work experience during the summer months and returned to the home again this summer. There was no record available to show that these two staff members had completed a new induction programme when they returned to Camphill Care Home this year, nor was there a record of training available to show that either staff member had attended any mandatory training.

It is required in accordance with the Nursing Home Regulations (Northern Ireland) 2005, Regulation 20 (1) (c) (i) that the registered person shall ensure that persons employed to work at the nursing home receive mandatory training and other training appropriate to the work they are to perform.

6.0 Additional areas examined

Management of accidents

The inspector reviewed the accident records which evidenced that accidents were reported appropriately with notifications required under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 forwarded to RQIA in a timely manner.

A monthly audit of accidents was undertaken which examined the time, place of occurrence and any contributing factors to establish any patterns and trends. Review of the Monthly Accident/Incident Analysis for September 2014 revealed that the injury outcome analysis had not been accurately recorded; an incident where a patient had sustained a fracture had been categorised as minor injury instead of major injury and the statistic recorded for patients who had sustained an injury was also incorrect. It is recommended that the accident/incident analysis is robustly reviewed during monthly Regulation 29 visit.

In light of the issues identified during this inspection it is recommended that further training/support is provided for the acting home manager in management responsibilities.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with, the Acting Home Manager, Ms Dulce Amor Yanga-Ali and Mr John Coyles, Peripatetic Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Carmel McKeegan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Camphill

3 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Acting Home Manager, Ms Dulce Amor Yanga-Ali and Mr John Coyles, Peripatetic Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

| Statutory Requirements | | | | | |
|--|-----------------------------|--|-------------------------------|--|----------------------------------|
| This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005 | | | | | |
| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
| 1 | 19 (2) Schedule 4 | The registered person must ensure that a record is kept in the home of the duty roster of persons working at the nursing home, and a record of whether the roster was actually worked. Duty rosters should be up to date at all times. Ref Section 5.1 | One | Duty rosters will be kept up to date with all short term changes or re allocations of staff for each unit. | From the date of this inspection |
| 2 | 20 (1) (a) | The registered person must ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate to the health and welfare of the patients. Ref Section 5.1 | One | Staffing levels will be reviewed as per minimum standards. | From the date of this inspection |
| 3 | 20 (2) | The registered person ensures that persons working at the home are appropriately supervised. Ref Section 5.1 | One | A supervision planner will be implemented and used as a tool to record when supervision is completed with each staff member. | 31 December 2014 |


| | | | | | |
|---|------------|---|-----|---|-----------------|
| 4 | 14 (2) (c) | <p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated with regard to the following;</p> <ul style="list-style-type: none"> • diagnostic equipment should be readily available at all times and should be easily located by permanent and temporary staff. • patient identification photographs should be provided within an agreed timeframe to reduce the risk of mistaken identity particularly when the home is reliant on temporary/agency registered nurses. • clinical rooms should be kept clean, neat and tidy. Personal staff belongings should not be stored in the clinical environment. <p>Ref Section 5.2</p> | One | <p>Equipment has been purchased and staff are reminded to return same to storage area for next use.</p> <p>Photographs have been reviewed</p> <p>staff have been reminded to ensure Clinical rooms are neat and tidy with no staff personal items stored.</p> | 31 October 2014 |
|---|------------|---|-----|---|-----------------|

| | | | | | |
|---|--------------------|--|-----|---|----------------------------------|
| 5 | 13 (4) | <p>The registered person should make suitable arrangements for the safe administration of medication, medications should be administered at the prescribed time.</p> <p>Ref Section 5.2.2</p> | One | administration of medications will be completed as per minimum standards. | From the date of this inspection |
| 6 | 27 (2) (c) | <p>The registered person shall ensure that equipment is provided at the nursing home for use by patients is in good working order, and suitable for the purpose for which it is to be used.</p> <p>Ref Section 5.4</p> | One | The identified bed and mattress was replaced with a profiling bed with matching mattress. | From the date of this inspection |
| 7 | 12 (1) (b) and (c) | <p>The registered person shall ensure that the treatment and other services provided to each patient reflect best practice and are provided by means of appropriate aids and equipment.</p> <p>Ref Section 5.4</p> | One | Equipment needed will be assessed for each patient prior to admission | From the date of this inspection |
| 8 | 20 (1) (c) (i) | <p>The registered person shall ensure that persons employed to work at the nursing home receive mandatory training and other training appropriate to the work they are to perform.</p> <p>This includes part time, relief, temporary, agency and occasional staff.</p> <p>Ref Section 5.8</p> | One | <p>providing agency will be asked on an ongoing basis to update their agency profiles with mandatory training.</p> <p>a training matrix will be utilised at home level to demonstrate mandatory training and any other training appropriately received.</p> | From the date of this inspection |

| Recommendations | | | | | |
|--|----------------------------|---|------------------------|---|----------------------------------|
| These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery. | | | | | |
| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
| 1 | 28.4 | The registered person must ensure that care assistants receive a training update on the prevention of pressure ulcers. Ref; Section 4 Follow up from previous issues | One | E learning is available for all care staff to avail of | From the date of this inspection |
| 2 | 29.4 | It is recommended that management establish a template to record the details of formal supervision meetings providing a timetable of scheduled formal individual supervision meetings in accordance with the arrangements specified in home's staff supervision policy and procedure. Ref Section 5.1 | One | As per requirement 3 A supervision planner will be completed to address individual supervision with each staff member. | 30 November 2014 |
| 3 | 6.2 | Patient care records must be legible at all times in keeping with the NMC Code of Conduct 2008 and NMC guidelines on Record Keeping. Ref Section 5.3 | One | registered staff have been advised that written documentation must be in line with NMC Code of Conduct and Guidelines on Record Keeping | From the date of this inspection |

| | | | | | |
|---|-------|--|-----|--|----------------------------------|
| 4 | 5.3 | <p>Patients' daily progress records should reflect the action taken, if any, where a patient does not meet their daily target</p> <p>Ref Section 5.7</p> | One | <p>Registered Nurses advised at staff meeting 8th November to detail action taken if fluid target not met.</p> | From the date of this inspection |
| 5 | 5.3 | <p>It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p> <p>Ref Section 5.7</p> | One | <p>Registered Nurses are advised that on admission a baseline for bowel function is assessed and going forward bowel function is recorded as per Bristol Stool Chart</p> | From the date of this inspection |
| 5 | 25.11 | <p>It is recommended that the accident/incident analysis is robustly reviewed during monthly Regulation 29 visit.</p> <p>Ref Section 6</p> | One | <p>The accident analysis is robustly reviewed during the Regulation 29 visit and will continue to be monitored for any deficits which will be discussed with home manager</p> | From the date of this inspection |
| 6 | 28.4 | <p>It is recommended that further training/support is provided for the acting home manager in management responsibilities.</p> <p>Ref Section 6</p> | One | <p>Acting manager is receiving management input and support from Regional manager, Peripatetic Home Manager and Regional office support team.</p> <p>Acting manager is scheduled to attend Leadership training 2nd and 3rd December.</p> | 30 November 2014 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|---|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Dulce Amor Yanga-Ali |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP |  Jim McCall <i>J. McCall</i> DIRECTOR OF OPERATIONS 11/12/14 |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--|-----|----------------|----------|
| Response assessed by inspector as acceptable | yes | Linda Thompson | 12/12/14 |
| Further information requested from provider | | | |