



Unannounced Care Inspection Report 5 July 2018



Camphill

Type of Service: Nursing Home
Address: 62 Toome Road, Ballymena, BT42 2BU
Tel No: 028 2565 8999
Inspector: Sharon McKnight

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 72 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Dr. Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: Anne O’Kane	Date manager registered: Anne O’Kane - Application received.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 72 A maximum of 42 persons in category NH-DE accommodated within the Dementia Wing. One named person in category NH-MP(E).

4.0 Inspection summary

An unannounced inspection took place on 5 July 2018 from 09:20 to 16:45.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control and the home’s environment. There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff. We observed good practice with regard to the culture and ethos of the home, mealtimes and the provision of activities. There were robust systems in place in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement were identified under the standards with regard to noise management and reviewing the care plans of one identified patient to ensure their holistic needs were met.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Anne O'Kane, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 7 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 September 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with eight patients individually and with others in small groups, nine staff and one patient's visitor/representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to complete an online survey; this enabled staff not on duty during the inspection to provide feedback to RQIA. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for staff weeks commencing 25 June and 2 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 September 2017.

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 8 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(1) Stated: First time	The registered person shall review the use of keypad locks to exit the general nursing unit in conjunction with guidance from the Department of Health, deprivation of liberty safeguards (DoLs) and the home's registration categories.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager and observations made during the inspection confirmed that the keypad was reviewed and a decision made to replace it with an alarmed push button release. This area for improvement has been met, however, issues were identified with the alarmed push button release and an area for improvement has been made under the standards. This is further discussed in section 6.4 of this report.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 41.2 Stated: First time</p>	<p>The registered person shall review the staffing in the general nursing unit to ensure there are sufficient staff to deliver care in a timely manner</p> <p>Action taken as confirmed during the inspection: The manager and staff confirmed that following the inspection on 8 June 2017 the staffing levels were reviewed and increased. Staff confirmed that staffing is kept under review and they were satisfied that management are responsive to changes in patient need and staffing. This area for improvement has been met.</p>	Met
<p>Area for improvement 2 Ref: Standard 46.2 Stated: First time</p>	<p>The registered person shall ensure that any equipment with a waterproof covering which is worn or damaged is either recovered or replaced.</p> <p>Action taken as confirmed during the inspection: Observations made during this inspection evidenced that any equipment with a waterproof covering which was worn or damaged had been repaired or recovered. No issues were identified during this inspection. This area for improvement has been met.</p>	Met

Area for improvement 3 Ref: Standard 12.7 Stated: First time	The registered person shall ensure that care plans include the level of supervision patients assessed as at risk of choking require.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 25 June and 2 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

We spoke with a relative of one patient during the inspection who was complimentary regarding staff. No questionnaires were received following the inspection.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an electronic learning programme. Records evidenced good compliance with mandatory training. The manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed a sample of accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout. As discussed in section 6.2, following the previous care inspection, the home reviewed the keypad lock on the entrance door into the general nursing unit and replaced it with an alarmed push button release. The alarm sounded each time the door was opened and was introduced as a safety measure for a patient at risk of leaving the unit unsupervised. However, as the alarm sounded so frequently staff no longer attended the door to check who was entering or leaving rendering the purpose of the alarm ineffective. To respond to the alarm each time it was activated would have impacted significantly on staff time. This very loud, high pitched alarm intruded on the calm, quiet atmosphere in the home and should be reviewed in accordance with a noise management policy for the home. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

One area for improvement was identified for improvement with regard to noise management.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for three patients. A nutritional risk assessment and choking risk assessment were completed and reviewed monthly; a care plan for nutritional management was in place. We discussed the support of one patient during mealtimes; the interventions prescribed in the care plan for the management of nutrition contradicted the interventions prescribed in the care plan for risk of choking; this was discussed with staff and it was agreed that the care plans for the identified patient would be reviewed to ensure their holistic needs were appropriately met. This was identified as an area for improvement. No issues were identified with the delivery of care for the identified patient. Food and fluid charts were maintained for all patients and evidenced the quantity of each meal the patient consumed and foods offered but refused. Fluid intake was totalled on a 24 hour period and entered into the patients daily evaluation notes.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location, the prescribed dressing regime and the frequency with which dressing were required to be renewed. A review of care records for the period 1 June to 2 July 2018 evidenced that dressings were renewed in accordance with the prescribed care. Repositioning charts for two patients were reviewed and consistently evidence that patients were assisted to change their position for pressure relief regularly and in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff.

Areas for improvement

One area for improvement was identified for improvement in relation to care plans for one identified patient.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:20 and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast in the dining rooms, the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to eat and drink as required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients in the general nursing unit referred to the Personal Activity Leader (PAL) by name and were familiar with the activities which took place.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date. We observed one clock in the corridor of the dementia unit which has stopped; the importance of ensuring that clocks are kept at the correct time was discussed with the manager and assurances provided that they would take appropriate action.

We observed the serving of the lunchtime meal in the dementia unit. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Staff were allocated to ensure those patients who had their meal served outside the dining room were appropriately supervised and prompted with their meal as required. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you for your care and kindness to ... during her stay in the home."

"Thank you for looking after ... over the last few weeks. You have all been great and we appreciate your help."

There were systems in place to obtain the views of patients and their relatives on the running of the home. Three recently completed questionnaires evidenced that patients were very satisfied with their care.

We spoke with the relatives of one patient who commented positively regarding the care their loved ones were receiving. Relative questionnaires were also provided. None were returned prior to the issue of the report.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after this report is issued will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration of the manager with RQIA has been received. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and staff.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service did not collect any equality data on service users and the manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, complaints and care records. In addition systems were also in place to provide the manager with an overview of the management of infections, wounds and patients' weight.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne O’Kane, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 43.5</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2018</p>	<p>The registered person shall review the alarm on the entrance door into the general nursing unit in accordance with a noise management policy for the home.</p> <p>Ref: Section 6.4.</p>
	<p>Response by registered person detailing the actions taken: A comprehensive review of the noise management policy took place. Following this review steps were taken to remove the sounders.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2018</p>	<p>The registered person shall ensure that the care plans for the identified patient are reviewed to ensure their holistic needs are appropriately met.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: The named Nurse has reviewed and updated the identified care plan to ensure it is person centred. This will be monitored through the weekly resident care traca process. Compliance will be monitored during the Reg 29 Visit.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care