



Unannounced Care Inspection Report 17 October 2019



Camphill

Type of Service: Nursing Home
Address: 62 Toome Road, Ballymena BT42 2BU
Tel No: 02825 658 999
Inspector: Lyn Buckley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 72 patients. The home is managed in three units; two 30 bedded units and a 12 bedded unit. The 12 bedded unit was unoccupied at the time of this inspection.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Vasco Alves – application received and registration pending</p>
<p>Person in charge at the time of inspection: Vasco Alves - manager</p>	<p>Number of registered places: 72 comprising of:</p> <p>A maximum of 42 persons in category NH-DE accommodated within the Dementia Wing. One named person in category NH-MP(E). There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 51</p>

4.0 Inspection summary

An unannounced inspection took place on 17 October 2019 from 09:20 to 13:45 hours. This inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of a previous estates inspection were also reviewed and found to be met.

Evidence of good practice was found in relation to governance systems and processes, care delivery, record keeping and staff knowledge of patients' needs, preferences and wishes.

There were no areas for improvement identified as a result of this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other patients and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Vasco Alves, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 28 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, registration information, and any other written or verbal information received. For example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 20 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2019
- incident and accident records from 1 September 2019
- one staff recruitment and induction files
- a sample of patient care records
- a sample of governance audits/records
- complaints record 2019
- compliments received 2019
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.4 Stated: First time	The registered person shall ensure that the required skill mix of 35% registered nurses to 65% care staff is achieved over a 24 hour period in the dementia unit.	Met
	Action taken as confirmed during the inspection: Review of staffing including duty rotas, observation of the delivery of care and discussion with staff and the manager evidenced that this area for improvement had been met.	

6.2 Inspection findings

6.3 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 staffing levels and that these levels could be altered to ensure the needs of patients were met. Discussion with staff also confirmed this. We reviewed the staff duty rota from 7 to 20 October 2019 which confirmed that the planned staffing levels were achieved. We also saw that administrative, catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were kind. Patients unable to express their view were found to be well groomed, relaxed and comfortable.

One family member spoken with confirmed that staffing levels met the needs of their loved one and that the staff were knowledgeable of their loved one's needs and wishes, caring, kind and respectful.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment.

We reviewed one staff recruitment record and discussed the recruitment process with the manager. This confirmed that staff were recruited safely. A system was in place to ensure staff were competent and capable to do their job and this was kept under regular review.

Staff confirmed that they had received mandatory training and were aware of their role in protecting patients and how to report concerns about patient or staff practice, fire safety and IPC.

We reviewed four patients' care records which evidenced that relevant risk assessments were completed when each patient was admitted to the home and that care plans had been developed to manage the identified care needs. Risk assessments and care plans had been

review at least every month and reflected the nursing care needs of the patients we reviewed. Records also evidenced that nursing staff correctly managed the risk of a patient falling and the care of a patient when they had a fall.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

We spoke with one family member regarding the delivery of care. They were complimentary regarding the care of their loved one and the staff attitude towards them their loved one and other patients. They said they trusted the staff to do the right thing; that they were kept informed of any changes in their loved one's care and if they had a concern they would talk to the nurse in charge or the manager.

Patients unable to express their opinion and views were relaxed and comfortable. Interactions between them and staff were observed to be respectful, caring and kind. Patients able to voice their views confirmed that they received the good care and that staff were respectful, caring, kind and attentive.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient refused a meal or had a fall; and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We observed the serving of the mid morning snack in the dementia unit and the lunchtime meal in the general nursing unit. The mealtime experience in both units was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. In the dementia unit recent changes had been made which provided patients with a choice of dining room. Staff said they could see that patients were benefitting from the change and as a team they were adapting to the change too.

Patients said that they enjoyed their meal and that they had the choice of where and what to eat. We saw that the majority of patients ate their lunch in one of the dining rooms. Other patients choose to eat in their bedroom or in one of the lounge areas.

Staff were aware of the national changes to modified food and fluid descriptors. Staff confirmed that they had received training in relation to the new modified diet descriptors. A review of patient care records confirmed that care plans were reflective of the recommendations made by speech and language therapists (SALT) and dieticians.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all

staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager on a monthly basis.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Those patients enjoying breakfast had been enabled to have a 'lie in' and one patient said they enjoyed this. Other patients had been offered a cooked breakfast and were seen to be enjoying this choice. The menu choice sheet for the lunch time meal indicated patients' individualised choices were reflected; for example, staff had recorded in the comments "no soup or chips" or "one potato". Staff confirmed that the kitchen could easily accommodate menu preferences and wishes.

During the meal times observed we saw that staff were providing support to patients as they needed it. It was clear that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and/or jewellery or nail polish. We saw one patient to accidentally drop a cup, staff responded quickly and discreetly to ensure the patient did not feel uncomfortable and a fresh cup of tea was provided. We also heard staff chatting with patients about various topics of interest relevant to the patient and where they were from or tier particular interest. For example, what was happening in Ballymena over the coming weeks.

Patients told us that they were receiving good care from friendly, caring, respectful staff.

Patients and the relative we spoke with confirmed that patients had the choice to participate in various activities. We spoke with the activity leader briefly as they were accompanying patients to an event they had been invited to in the town. The event was to celebrate the a recent art activity project that patients and staff had participated in.

We also reviewed compliments/cards received by the home. Comments recorded included the following:

“We were all thankful for your dedication and love shown towards [our relative].”

“Thank you for all the kindness you showed to my father...at his time of need. You are all a fantastic bunch of people and I know my father was happy with you.”

“Thank you all for the care, compassion and time you spent with our mother.”

We spoke with one family member visiting their loved one during the inspection. As stated previously this relative was complimentary regarding the care received by their loved one, staff attitude and that they were kept informed of any changes in their loved ones care.

We also provided questionnaires for patients and family members; none were returned.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is 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.

Since the last care inspection in February 2019 Vasco Alves has been appointed as the manager of the nursing home. RQIA were notified of the changes as required.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

We saw that audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager’s evaluation of the information produced by the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individuals’ monthly quality monitoring reports from 1 January 2019 were available in the home. We reviewed a sample of these reports and found that any areas for action identified were followed up during the next visit to ensure the action had been addressed.

We also invited staff to provide comments via an online questionnaire. None were received.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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