



Unannounced Care Inspection Report 04 February 2021



Aughnacloy House

Type of Service: Nursing Home (NH)

Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL

Tel No: 028 3834 6400

Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 71 persons.

3.0 Service details

Organisation/Registered Provider: Aughnacloy House Responsible Individual(s): Lesley Catherine Megarity	Registered Manager and date registered: Constance Mitchell - 12 February 2015
Person in charge at the time of inspection: Constance Mitchell	Number of registered places: 71
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 50 The home is also approved to provide care on a day basis only to 4 persons.

4.0 Inspection summary

An unannounced inspection took place on 04 February 2021 from 09.00 to 17.15 hours

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Areas for improvement were identified regarding fire safety and maintaining patient care records in an up to date and accurate manner.

Patients said that they felt they were well cared for by staff and commented, "Very happy here, it's very pleasant."

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Constance Mitchell, 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.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients individually and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- staff duty rotas from 25 January to 4 February 2021
- three staff competency and capability assessments
- four patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- two staff recruitment and selection records
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

There were no areas for improvement identified as a result of the last care inspection of 18 February 2020.

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

There were no areas for improvement identified as a result of the last care inspection of 18 February 2020.

6.2 Inspection findings

6.2.1 Staffing

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "I had a four day induction when I started; it was very good and prepared me for working on my own."
- "Good communication, if we need anything we just ask and it's not a problem"
- "It's a good place to work, everyone helps out and we just get on with it."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

In discussion with the manager it was stated that general staff meetings had been 'put on hold' due to COVID-19 and meetings were on an ad-hoc basis; for example to discuss infection prevention and control procedures, hand hygiene and the use of PPE. We discussed communication in the home with staff. Staff stated that communication in the home was good; they received an enhanced handover report when commencing duty, there was an email system in the home for staff to contact the manager specifically during the pandemic and the staff notice board was used to inform staff of any new information. The manager stated that the programme of planned staff meetings was to be recommenced in the near future.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. The staff member commented, "I feel the training we got about COVID-19 helped me to understand things a lot better."

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "The Covid training we got was very good, feel a lot better for having had the training."

Visiting arrangements were pre-arranged with staff and a 'pod' was outside which had been designated for visiting. The location of the visitors pod meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff. However, the home was closed to visiting at the time of the inspection. We spoke to the activities coordinator about the impact on patients regarding the current visiting restrictions. The staff member commented, "We do a lot of one to one time with patients to give them support, we have iPads, phones and a 'WhatsApp' group and we help patients to communicate with their relatives, it's hard for them when they can't see their relatives."

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be free from malodour and clean. Walkways throughout the home were kept clear and free from obstruction. The appearance of the environment was comfortable and homely.

We reviewed the most recent fire risk assessment. The assessment was carried out on 16 June 2020 by a fire risk assessor who is on a recognised register of fire risk assessors. The report's action plan listed a number of items requiring attention and remedial works. The majority of the actions had been addressed however a small number did not indicate that they had been actioned. This was discussed with the manager who gave assurances that these matters would be followed up and addressed. It is important that any recommendation made in the fire risk assessment clearly indicates all matters have been addressed. This has been identified as an area for improvement.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner.

Some comments made by patients included:

- "It's okay here; they (staff) do their best."
- "Very happy here, it's very pleasant."
- "It's great here; the staff are lovely although think there could be more (staff) especially at night."
- "They (staff) do their best."

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff also assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, the home is closed to visitors at present and as soon as is possible arrangements, on a phased appointment basis, to facilitate relatives visiting their loved ones at the home will be reinstated. The manager keeps families updated on a weekly basis by sending them a 'situation report'.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed in the entrance lobby of the home. Activities provision has had to be modified to facilitate the health care needs of the patients and larger group activities do not occur due to maintaining social distancing. However as discussed with the activities coordinator the present focus is to provide individual support to the patients.

We observed the serving of the lunchtime meal. Social distancing was maintained in the dining room during the mealtime however the majority of patients were having their meals in their bedrooms. Staff were attentive to the needs of the patients and the meal service was prompt and well organised.

6.2.4 Care records

We reviewed four care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exception was in relation to care planning for responding to behaviours that challenge. The review of a patient's

care plan and daily progress notes regarding behaviour management did not clearly specify how the behaviour presented, any known triggers or how staff should support the individual.

Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present. However, the review of one patient's care records did not evidence that the patient's assessment of need had been regularly reviewed and whilst the appropriate referral had been made to the relevant health care professional the care records did not evidence the rationale for the referral. The need for patients' care records to be accurately maintained and reflect patients' needs was discussed with the manager and this has been identified as an area for improvement.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented; "The manager is very supportive, could go to the nurses or manager about anything."

There were numerous 'thank you' cards displayed and comments included:

- "Words are insufficient to express our gratitude and appreciation to you and all staff for the most amazing job you have done and continue to do under these most difficult circumstances."

Relative- January 2021

- "We are so grateful to everyone for all the care and attention that you always give, please take care of yourselves and each other."

Relative- January 2021

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised.

The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for November and December 2020 and January 2021 were reviewed. An action plan within these reports had been developed to address any issues identified. The action plan included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified regarding fire safety and maintaining patients' care records in an up to date and accurate manner.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

We provided detailed feedback to the manager and two registered nurses. We discussed the findings of the inspection and identified areas of good practice and the areas for improvement. The manager agreed to the findings and gave assurances that the areas identified for improvement would be actioned.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Constance Mitchell, 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	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 28 February 2021	The registered person shall ensure that patient care records are maintained in an up to date and accurate manner specifically in relation to: <ul style="list-style-type: none"> • responding to behaviours; and • ensuring the rationale for any referral for treatment is detailed in patients' care records. Ref: 6.2.4
	Response by registered person detailing the actions taken: Nursing staff have been given direction and guidance via supervision sessions to support them in maintaining and updating resident care records specifically in relation to responding to resident behaviours and ensuring the rationale for any referrals for treatment is detailed in the resident's care plan. This will be monitored through the auditing process.
Area for improvement 2 Ref: Standard 48 Stated: First time To be completed by: Immediate	The registered person shall ensure that the fire risk assessment report evidences that any recommendation made in the report has been addressed. Ref: 6.2.2
	Response by registered person detailing the actions taken: The requisite works have been addressed and will be surveyed by a fire engineer next week.

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



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