

Unannounced Care Inspection Report 18 February 2021



Dungannon

Type of Service: Nursing Home (NH)

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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 36 persons with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Natasha Southall	Registered Manager and date registered: Leena Mary Francis Correa 21 May 2018
Person in charge at the time of inspection: Bindu Paul	Number of registered places: 36
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 18 February 2021 from 09.30 to 16.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information which raised concerns in relation to the quality of care provided in the home. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Patients in keeping with their level of understanding were complimentary about their life in the home and relations with staff.

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	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Bindu Paul, staff nurse in charge, as part of the inspection process. Following the inspection the regional manager for the home was also informed of the outcome via telephone. 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 the inspectors met with 33 patients individually and in groups, one visiting professional, one visiting representative and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The home was provided with "Tell us" cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no questionnaires returned within the identified time scale.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- Staff training records
- Three staff competency and capability assessments
- Two staff recruitment files
- Staff professional registration information
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 2 July 2020.

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

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 09.30 hours; the nurse in charge outlined the staffing arrangements within the home. We viewed the staff duty rota for the period of 8 February 2021 to 21 February 2021. The person in charge explained the staffing levels were determined in accordance with the dependency level of patients. The person in charge outlined the one to one staffing arrangements and records maintained in the home showed staff allocation to specific patients according to their assessed needs.

During discussion staff confirmed that they thought staffing levels were appropriate to meet the needs of patients, there were no concerns raised by staff regarding staffing levels in the home. The staff duty rota accurately reflected staff on duty. The person in charge advised that, on occasions, agency staff may be used in the home; in this case every effort is made to ensure block booking of staff to ensure the greatest consistency for patients.

We reviewed two staff recruitment records these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Home Regulations (Northern Ireland) 2005. Records also showed that enhanced Access NI checks were verified prior to staff commencing work in the home.

Staff spoken with confirmed they were aware at the beginning of each shift what area they would be working in and that they were kept well informed of any changes. Staff confirmed that there was good team work and they were aware of safeguarding procedures within the home and how to raise any issues or concerns.

Comments from staff included:

- “I love my job here, I can’t complain about anything. I have been here seven years, I wouldn’t stay that long if I didn’t like it.”
- “Staffing levels are good, we would know in advance where we will be working.”
- “I enjoy it very much, we know the residents well.”
- “I like working here.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique. Upon arrival the inspector's temperatures were recorded and a relevant health declaration was completed. The staff member completing the checks advised all visitors to the home had checks completed prior to entering. The person in charge confirmed all patients and staff temperatures were recorded twice daily.

Donning and doffing areas were available, discussion with staff and review of information available showed guidance was available for staff in relation to Covid 19.

PPE supplies and hand sanitizer were observed as being readily available. Discussion with staff confirmed there was a good supply of PPE. Staff were observed using PPE appropriately and in accordance with current guidance.

Staff showed good knowledge on how to reduce or minimise the risk of infection and confirmed there was an enhanced cleaning schedule in place which included regular cleaning of frequent touch points throughout the home. During discussion with domestic staff they confirmed that there were good supplies of cleaning products available and they were aware of best practice in relation to infection prevention and control.

Observations made during the inspection showed staff carrying out hand hygiene and changing PPE as required.

6.2.3 Environment

We undertook an inspection of the home environment which was found to be warm, clean and tidy. Domestic staff were observed completing identified chores throughout the inspection. We viewed the communal living areas, dining rooms, a sample of residents' bedrooms as well as bathroom and toilet areas. We could see some bedrooms had been recently updated; these were nicely finished and reflected the individual interests of patients.

It was noted however that a number of areas within the environment were observed as requiring improvement; these included but were not limited to handles missing off furniture including wardrobes and chest of drawers, paintwork chipped on skirting's, handrails and doorways, damaged toilet seats, and the base of an identified sink had become loose. The need to ensure a thorough environmental audit is undertaken and actioned as necessary was discussed with the person in charge. An area for improvement was identified.

It was also noted from inspection of equipment located throughout the home that some items including rollators and wheelchairs were stained or marked with, for example, food debris. The need to ensure that there is a regular and robust system in place to ensure the thorough cleaning of equipment was discussed with the person in charge. An area for improvement was identified.

All corridors and fire exits were kept clear and free from obstruction.

6.2.4 Care delivery

We observed staff practice in the home, interactions with patients were warm and friendly. Staff showed good knowledge of the individual needs of patients and worked in a relaxed and unhurried manner. One to one staffing arrangements were maintained as identified on allocation records. Staff showed good knowledge of patients and were aware of the need to observe non-verbal communication cues from patients.

Patients were well presented with obvious time and attention given to their personal care. Staff explained how they were aware of the individual preferences of patients.

During discussions with staff and observations made the issue of activities provision was raised. It was noted that although there was an activities therapist available on the day of the inspection the level of activities provision had been reduced in recent months due to staff changes. The need to ensure there is an adequate and well planned activities programme provided for all patients was discussed. An area for improvement was identified.

We observed the lunch time experience, staff maintained close supervision and provided assistance as necessary. Patients wore clothing protectors as required; staff were observed ensuring adequate time was taken for patients who required assistance to complete their meals. Interactions were observed as being pleasant and kind. Sittings were staggered in the dining room to ensure social distancing for patients.

The person in charge outlined the visiting arrangements in place and confirmed that visiting was arranged for patients on a pre-booked basis. One visitor spoken with during the inspection confirmed that they were kept well up to date regarding any changes in their relative's condition and that there was good communication from staff in the home.

We observed during the inspection that patients looked comfortable and relaxed within their surroundings, and staff were available throughout the day to meet their needs. Discussion with one visiting professional included positive feedback regarding their experience of working with staff in the home and outcomes for an identified patient.

Comments received from patients included:

- "I love it here, I love the food, the clothes, all is done for you. I love watching the TV, I have one in my room, I prefer to watch it here." (sitting room)
- "I like it alright; the food is good, I am happy enough."
- "Im happy enough here, am just a bit fed up with the Covid thing. I like to get out on the bus, can't do that so much."
- "I like it here, it's nice."

6.2.5 Care records

A sample of three care records were reviewed, these included assessment of needs, care plans, risk assessments and evaluation records. We could see the care records were reviewed and updated on a regular basis or as changes occurred.

The records showed detailed information in relation to the care provided to patients and there was evidence of multi-disciplinary working. Daily evaluation records were maintained on an up to date basis.

Information from other health professionals including for example Speech and Language Therapy (SALT) were included within the care records reviewed. Staff spoken with had good knowledge of the individual needs of patients and we could see observational records were maintained for patients as required.

6.2.6 Governance and management arrangements

Staff spoken with confirmed that they felt well supported by the manager in the home, and that the manager was approachable and supportive. Staff shared that they were kept well informed of changes as they developed due to the Covid 19 pandemic and that relevant information was made easily accessible for staff.

We reviewed a sample of audits including care plan audits, tissue viability, accident and incidents analysis, staff training records, dining and IPC audits. Records showed that these were completed on an ongoing basis and when actions were identified they were addressed accordingly.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were generally effectively documented and reported to other relevant organisations as necessary. It was noted one incident had not been shared with RQIA as required; this issue was discussed with the person in charge. The notification was forwarded to RQIA retrospectively following the inspection.

Competency and capability assessments had been completed and were in place to show staff had been assessed as being competent and capable of being left in charge of the home in the manager's absence.

A review of staff professional registration information for the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staff registration and this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. Records maintained in the home showed the outcome of investigations undertaken. Records also showed when relevant information had been shared with the referring HSC Trust.

During discussion a patient shared that they had made a recent complaint, this issue was discussed with the person in charge who was aware of the issue and confirmed it was being addressed. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005. We reviewed the reports for November and December 2020 and January 2021; these included an overview of the working practices in the home and an action plan was completed as needed to address any issues identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between patients and staff, management and governance systems and IPC practices.

Areas for improvement

Three areas for improvement were identified during the inspection these related to ensuring the completion and action of a full environmental audit, to ensure a robust system is in place regarding the cleaning of mobility aids and equipment, and reviewing the arrangements in place regarding activities provision in the home.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Patients looked well cared for, interactions between patients and staff were warm and friendly. Staff spoken with were aware of the individual needs of patients and confirmed staffing levels were well maintained. There were clear management and governance arrangements in place. The concerns raised with regards to the quality of care provided were found not to be substantiated during the inspection.

Three new areas for improvement were identified as a result of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bindu Paul, staff nurse, as part of the inspection process. Following the inspection the regional manager for the home was also informed of the outcome via telephone. 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.(2) (b) Stated: First time To be completed by: 18 April 2021	<p>The registered person shall ensure that a thorough environmental audit is undertaken and actioned as necessary to ensure the environment remains in a good state of repair throughout.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager completed an environmental audit, any identified areas are planned for completion. Staff have been advised to report any identified issues timely and record this in maintenance communication book. Registered Manager has now included environmental checks on the walkabout record and will be reviewed as part of monthly IPC audit</p>
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 44 Stated: First time To be completed by: 19 February 2021	<p>The registered person shall ensure that patients' mobility aids and equipment are adequately cleaned and this is reflected in regular cleaning audits.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Registered Manager has reviewed the decontamination records which now includes all mobility aids and equipment. Registered Manager and Nursing staff have commenced spot checks and recording this.</p>
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 18 March 2021	<p>The registered person shall ensure the level of activities provision is reviewed and improved upon.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Registered Manager has reviewed the activities with PAL and a weekly activity planner is in place based on residents likes on a one to one and or in small groups. Activities provision will be enhanced when an additional PAL commences, recruitment process is nearly complete.</p>

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



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