

Unannounced Care Inspection Report 19 May 2017



Dungannon

Type of service: Nursing Home
Address: 100 Killyman Road, Dungannon, BT71 6DQ
Tel no: 02887752734
Inspector: Gerry Colgan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Dungannon took place on 19 May 2017 from 8.50 to 17.15 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice.

Patients' risk assessments were undertaken, reviewed and updated on a regular basis. Falls audits, were completed on a monthly basis. The home was found to be warm, fresh smelling and clean. Corridors had been repainted recently; however, the décor in bedrooms, lounges, assisted toilets and bathrooms remained tired and worn. A recommendation has been stated for a second time in this regard.

Is care effective?

There was evidence of positive outcomes for patients, who were being assisted and responded to in a timely and dignified manner.

Each staff member understood their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and other healthcare professionals.

There were no areas for improvement identified during this inspection.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients were afforded, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Discussion with staff indicated that patients were not consistently offered a choice in relation to their preference for sugar or sweetener; a recommendation has been made in this regard.

Is the service well led?

There was a clear organisational structure within the home; and systems were in place to monitor and report on the quality of nursing and other services provided. Staff were able to describe their roles and responsibilities. Discussion with staff highlighted that they felt that working relationships in the home were currently poor and that the new management was not responsive to their suggestions or concerns. A recommendation has been made in this regard.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	*3

*The total number of recommendations above includes one recommendation that has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Leena Mary Francis Correa, manager and Ruth Burrows, area 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 January 2017. There were no further actions required to be taken following this inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Maureen Claire Royston	Registered manager: Leena Mary Francis Correa (acting)
Person in charge of the home at the time of inspection: Leena Mary Francis Correa.	Date manager registered: Not applicable
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection.
- the registration status of the home.
- written and verbal communication received since the previous care inspection.
- the returned quality improvement plans(QIPs)from inspections undertaken in the previous inspection year.
- the previous care inspection report.
- Pre-inspection assessment audit.

During the inspection the inspector met with 30 residents, two staff nurses, the chef, maintenance and laundry staff, six care staff and one patients' representative.

Ten questionnaires were issued to staff and relatives respectively; and seven questionnaires were issued to patients.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training planner for 2017/2018
- three staff personnel records
- accident and incident records
- notifiable events records
- a sample of audits
- complaints and compliments records
- NMC and NISCC registration records
- nurse competency and capability assessments
- minutes of staff and patients' meetings held since the previous care inspection.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 January 2017

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

4.2 Review of requirements and recommendations from the last care inspection dated 13 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	<p>The registered provider must ensure that all staff who are newly appointed are required to complete a structured orientation and induction and records are retained.</p> <p>Action taken as confirmed during the inspection: Personnel records for the three most recently appointed staff all contained signed copies of their structured orientation and induction programmes.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 22.10 Stated: First time	<p>The registered provider should ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action should be taken.</p> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that a monthly falls analysis was completed; a falls calender was also available at the nursing station.</p>	Met
Recommendation 2 Ref: Standard 44.1 Stated: First time	<p>The registered provider should submit to RQIA the plans (including timescales) for the refurbishment programme of the home.</p> <p>Action taken as confirmed during the inspection: A refurbishment plan was submitted along with the previous inspection QIP. The inspection confirmed that not all aspects of the action plan had been addressed. While the home was found to be warm, fresh smelling and clean with corridors and ceilings freshly painted, the décor in the patients' bedrooms, lounges, toilets and assisted shower rooms was tired and worn. This recommendation was not met and has been stated for the second time.</p>	Not Met

4.3 Is care safe?

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 15 and 22 May 2017 evidenced that the planned staffing levels were adhered to.

Discussion with the manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of three staff personnel files evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2017/2018 indicated that training was planned to ensure that mandatory training requirements were met. There was evidence that mandatory training had been completed by all staff in 2016. Discussion with the manager and review of training records evidenced that a robust system was in place to ensure staff attended mandatory training. Staff consulted with and observation of care delivery and staff interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The manager confirmed that there were arrangements in place to embed the regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

As discussed in section 4.2, review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of bedrooms, bathrooms, toilets, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Corridors had been recently repainted, however the décor in bedrooms bathrooms, toilets and lounges was tired and worn and in need of refurbishment. There were rips in some chairs and others were scuffed. The manager confirmed that the ripped chairs would be removed immediately.

Areas for improvement

Although no new areas for improvement were identified during this inspection; consideration must be given to the recommendation made in relation to the refurbishment plan, which has been stated for the second time.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected that the assessed needs of patients.

There was evidence that care records were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Care records evidenced regular communication with patients' representatives regarding the patients' ongoing condition.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. The manager and staff also confirmed that regular staff meetings were held (at least quarterly) and records were maintained.

Each staff member spoken with knew their role, function and responsibilities.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the breakfast and lunchtime meal confirmed that patients were given a choice regarding food and fluid choices, and the level of help and support required. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on modified diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Discussion with staff indicated that patients are not offered a choice of either sugar or sweetener. Staff confirmed that only sweetener was available for patient's tea, coffee or cereal. This matter was discussed with the manager and regional manager. A recommendation has been made to ensure patients are provided with a choice.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who were unable to verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. For example, there were regular patient and staff meetings. The manager advised that relatives meetings had been arranged in the past and attendance was low. Quality of life surveys were completed on a regular basis. The manager confirmed that they were available to staff, patients and their relatives and that they operated an 'open door' policy. Patients' meetings were held on a quarterly basis and records maintained.

Seven patient and six staff questionnaires were returned to RQIA. Feedback received in the returned questionnaires indicated that patients and staff were satisfied that the care in the home was safe, effective compassionate and that the home was well led. Two staff questionnaires highlighted areas for improvement in relation to the frequency of staff meetings; team work, structured working arrangements; and stronger leadership.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Some comments received as follows:

- "I really like this place."
- "I am spoiled in here."

Areas for improvement

Patients should be provided with a choice of either sugar or sweetener.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities.

Some of the staff spoken with highlighted that currently working relationships were poor and discussed a range of issues including the late release of the duty rota which they said was usually provided on a Tuesday for the following week, a letter from the acting manager telling them their off-duty requests may not be granted, and more help needed at busy periods. They felt that management were not responsive to their concerns. This was discussed with the manager and area manager and a recommendation made to address staff concerns.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

There have been no complaints recorded since the previous care inspection and discussion with the manager evidenced that the complaints procedure was in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including care records, medication management and infection prevention and control. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

On a daily basis the manager completes a feedback survey with one patient and/or one relative; and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a team in the organisation who generate an action notice where a shortfall had been identified. The findings of any audits completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Discussion with the manager and review of records for February, March and April 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

Staff morale issues to be addressed by management.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leena Mary Francis Correa, acting manager, and Ruth Burrows area manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 44.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered provider should submit to RQIA the plans (including timescales) for the refurbishment programme of the home.</p> <p>Response by registered provider detailing the actions taken: The Registered manager has completed an environmental audit and identified areas of priority requiring painting. A rolling programme implemented for repainting bedrooms, lounge areas, toilet and bathrooms. Costing requested and forwarded for authorisation to complete furniture replacement.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered persons should ensure that patients have a choice between sugar and a sweetener in their tea, coffee and cereals.</p> <p>Response by registered provider detailing the actions taken: The Registered manager has discussed this with staff and explained the importance of having choice. Sweetener and sugar are now available at each mealtime including on the trolley for mid morning and afternoon tea. This will be monitored by Registered Manager and Senior Management during their visits.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered persons should review the management arrangements in place, to ensure that the concerns expressed by staff, are evidentially addressed.</p> <p>Response by registered provider detailing the actions taken: A staff meeting was held on 26th June 2017 chaired by Resident Experience Regional Manager and Registered Manager. Feedback from inspection was shared and staff concerns discussed. Registered Manager will continue to conduct staff meetings every quarter and at other times if necessary. Registered Manager will review feedback received on QoL - Quality of Life surveys and continue to hold an open door policy to listen to the concerns and views of all staff and liase with Senior Management.</p>



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