Inspection Report

8 November 2022

Hockley Private Nursing Home

Type of Service: Nursing Home
Address: 11 Drumilly Road, Armagh, BT61 8RG
Tel no: 028 3887 0365

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Elim Trust Corporation **Responsible Individual:** Mr Edwin Michael	**Registered Manager:** Mrs Mary Jane Sagayno **Date registered:** 8 October 2018
Person in charge at the time of inspection: Mrs Mary Jane Sagayno	**Number of registered places:** 54
Categories of care: Nursing Home (NH) I – Old age not falling within any other category	**Number of patients accommodated in the nursing home on the day of this inspection:** 43
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 54 patients. The home is divided into two units; The Lodge and The Mews. Patients have access to communal lounge and dining areas. The home is surrounded by well-maintained gardens and areas where patients can walk around.	

2.0 Inspection summary

An unannounced inspection took place on 8 November 2022 from 10.00am to 5.30pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff members are included in the main body of this report.

Staff members promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

One area for improvement was identified in relation to compliance with Control of Substances Hazardous to Health (COSHH) legislation.

RQIA were assured that the delivery of care and service provided in Hockley was safe, effective and compassionate and that the home was well led. Addressing the area for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

During the inspection we consulted with 10 patients, two relatives and seven staff. Patients spoke positively on the care that they received and on their interactions with staff describing staff as being 'very good' to them. Patients also complimented the food provision in the home. One said, "The food is the best thing here." Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were no questionnaire responses received and we received no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 October 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** First time	The registered person shall ensure that care records accurately and consistently reflect the recommended frequency of repositioning for patients. A contemporaneous record of repositioning should be maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 4.9 **Stated:** First time	The registered person shall ensure that care records include the necessary assessments and care plans to reflect that the use of an all-day sling has been recommended.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 46.2 **Stated:** First time	The registered person shall ensure that cord pulls on bathroom heaters are fitted with a wipeable cover in order to ensure that they can be effectively cleaned.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff members were provided with a comprehensive induction programme to prepare them for working with the patients. Staff consulted complimented the induction process. Allocated induction hours were increased for staff who required additional support. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training and evidenced that the majority of staff had achieved compliance with this.

Staff confirmed that they were further supported through the completion of staff supervisions and an annual appraisal. The manager maintained a matrix to ensure that all staff received two recorded supervisions and an appraisal on a yearly basis.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed they were satisfied that patients' needs were met with the staffing levels and skill mix on duty. Observation of staffs' practices and discussions with patients raised no concerns in relation to the staffing arrangements in the home.

Staff spoke positively on the teamwork in the home. One told us, "The teamwork in this home is spectacular," and another commented, "The teamwork is very good; we all communicate well together".

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty.

Minutes of staff meetings were available for review. The manager confirmed that they aimed to host quarterly staff meetings. The meetings were used as an opportunity to discuss, for example, aspects of care delivery, record keeping and any changes to guidance. Staff members that were unable to attend the meeting were asked to read the meeting minutes and sign once read to ensure that the information contained was shared with all staff.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. The relatives consulted spoke positively in relation to the care provision in the home and on the staffs' interactions with their loved one. They told us, "xxx is treated with the utmost respect. Staff are always very caring and compassionate". Patients told us that they happy living in the home. One said, "It is lovely here and I am very happy. I have no complaints and the food is very good." Another commented, "It is great here. I have just finished the quiz that was arranged".

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. Reference to patients' skin conditions were made on the daily evaluation records. Where patients required repositioning to maintain their skin integrity, records of repositioning were maintained and included the position the patient was placed to and confirmation on checks of pressure areas.

An accident book was completed by staff to record any accidents or incidents which occurred in the home. A review of one patient's accident records, following a fall in the home, evidenced that the appropriate actions had been taken following the fall, the appropriate persons had been informed and the appropriate documentation had been updated. Falls were reviewed monthly for patterns and trends to identify if any could be prevented. The analysis of these reviews was shared with the staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional care plans reviewed were reflective of dietician's and the speech and language therapist's recommendations. Nutritional risk assessments were carried out regularly, sometimes weekly, to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. Food was served from a Bain Marie. The mealtime was well supervised. Staff wore the appropriate personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. The food served appeared nutritious and appetising and the menu offered a choice of meal. Staff sat alongside patients when providing assistance with their meals. There was a calm atmosphere and patients spoke positively on the mealtime experience. One told us, "The food here is excellent".

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. The manager identified planned environmental improvements including the replacement of identified flooring within the home. Redecoration was ongoing and the Wi-Fi system had been updated since the last inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. The fire alarm system in the home had been recently updated.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Chemicals were observed accessible to patients in several areas where staff were not present. This was discussed with the manager and identified as an area for improvement to ensure compliance with COSHH legislation in keeping patients safe from potential harm.

There was a good dirty to clean system in operation within the laundry room. The system ensured that there was minimal risk of cross contamination between dirty and clean linen and clothing.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings. Visitors were encouraged to take Lateral Flow Tests, though, staff members were aware that this was not mandatory. Environmental infection prevention and control audits had been conducted monthly. Feedback from the IPC audits were shared with staff. In addition, there were records of spot checks which had been conducted on the environment and equipment in use.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. There were records of recent supervisions which had been conducted with staff on IPC. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

A reference file containing updated Covid-19 guidance was maintained for staff to review and contained the most up to date information on isolation procedures and visiting to care homes.

5.2.4 Quality of Life for Patients

Patients confirmed that they were offered choice and assistance on how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients were well presented in their appearance and those, who wished to, were wearing their own jewellery, nail varnish and make up.

Two activity therapists oversaw the activity provision in the home. A monthly activities programme was available for review and the day's activity plan was displayed for patients to see. Activities included quiz days, exercises, jigsaws, games, pamper days, chats, sensory experiences, reminiscence and arts and crafts. Activities were conducted on a group and/or on a one to one basis for those who could not or did not wish to engage in group activity. Patients told us, "There is lots to do here," and spoke of their enjoyment on engaging with the activities.

There was plans in place for patients to attend a Christmas pantomime. Staff had been arranged to put on a nativity play for the patients. Patients' meetings were held on a quarterly basis and encouraged patients to suggest ideas on any new activities they wished to engage in or suggestions for trips out. A record was maintained of all completed activities in the home. Weekly religious services had recommenced in the home for all denominations.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. There were 17 care partner arrangements in place and visiting was conducted in line with Department of Health guidelines.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Mrs Mary Jane Sagayno has been the registered manager of the home since 8 October 2018. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager to be 'approachable' and 'would listen to staffs' concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included care records, wound care, medicines management, restrictive practice, staff training and maintenance of staffs' registrations. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A complaint's book was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. The number of complaints in the home was low. We discussed that any area of dissatisfaction raised by a patient or relative should be recorded as a complaint. Cards and letters of compliments were maintained. The manager confirmed that compliments received would be shared with the staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home.

The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mary Jane Sagayno, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that unattended chemicals are not left accessible to patients in any part of the home. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Home ensures that chemicals used are managed safely. A Caddie had been provided to housekeeping staff to store all chemicals and carry with them when cleaning bedrooms. Continues supervisions with staff. This area of improvement is included in the staff meeting as part of Health and safety measures.

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