

Inspection Report

17 July 2023



Hockley Private Nursing Home

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Elim Trust Corporation	Registered Manager: Mrs Mary Jane Sagayno
Responsible Individual: Mr Edwin Michael	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: 51
Brief description of the accommodation/how the service operates: Hockley Private Nursing 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 17 July 2023 from 9.25am to 5.15pm 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.

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 of the patients' needs. There was a good working relationship between staff and management.

Areas requiring improvement were identified in relation to infection control, fire safety, patients' hydration and staff training. An area for improvement in relation to the management of insulin pens was stated for the second time.

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

The findings of this report will provide the manager 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients, staff and relatives. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home and complimented the staff and the care provision. One told us, "I am very happy here; the staff are very good". Staff felt that they worked well together and enjoyed engaging with the patients and relatives. Relatives spoke very highly on the care provision in the home. One told us, "We are so happy xxx is here; we couldn't be happier".

There were no questionnaire responses received and we received no feedback from the 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 18 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that insulin pen devices are labelled and the dates of opening recorded.	Not met
	Action taken as confirmed during the inspection: A review of three insulin pens in use evidenced that this area for improvement has not been met. This area for improvement has not been met and has been stated for a second time.	

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. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Staff confirmed that the length of time for staff induction was dependent on the inductee's abilities and understanding.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

A system was in place to monitor staffs' compliance with mandatory training, although, the most recent compliance statistic showed only 69.3 percent of staff were compliant with mandatory training requirements. This was discussed with the manager and identified as an area for improvement. Staff were satisfied with the range of training offered. Training was completed on topics, such as, infection prevention and control (IPC), moving and handling of patients and fire safety. Staff completed training electronically and face to face.

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 that there was enough staff on duty to meet the patients' needs. Patients did not raise any concerns on the staffing arrangements. Observation of care delivery on the day of inspection identified no concerns. Care was delivered in a caring and compassionate manner. Any calls for assistance were answered promptly.

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. The nurse in charge completed a competency and capability assessment on taking charge of the home prior to commencing the role.

Staff were happy with the teamwork in the home and were observed to work well and communicate well with one another during the inspection.

5.2.2 Care Delivery and Record Keeping

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. Where a patient was required to be repositioned to maintain skin integrity; records of the repositioning had been recorded well to evidence the position the patient was repositioned to and to evidence that the patient's skin was checked when they had been repositioned. Where a patient had a wound, a care plan was in place to direct staff on how to manage the wound and wound evaluations were completed at the time of wound dressing to monitor the progress of the treatment.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bedrails. It was established that safe systems were in place to manage this aspect of care.

An accident report was completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. Any learning from this was shared with 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. Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. Tables were set in the dining room to include condiments and napkins. A menu was displayed identifying the food options for the mealtime. Food served appeared appetising and nutritious. Staff were knowledgeable of patients' nutritional requirements. Eating and drinking care plans were available to staff and were reflective of speech and language therapy recommendations. However, deficits were found in relation to the management of hydration. This was discussed with the manager and identified as an area for improvement. Nutritional risk assessments were completed monthly to monitor for weight loss and weight gain.

The mealtime in the dining room was well supervised. Staff wore personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. A range of drinks were served with the meals. There was a calm atmosphere at mealtime and several patients consulted were all complimentary on the food provision. One said, "We get a good choice of meals here", while another commented, "Staff know my food preferences here; I can get an alternative if I don't like the meal choices".

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. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company. One patient said, "The staff are all lovely here". Another told us, "I wouldn't want to be anywhere else; they (the staff) are very good and the food is excellent". A relative described the care as 'excellent' and went on to say, "I have no concerns here. We are always kept well up to date and made to feel welcome anytime we come to the home. Nothing bad to say about this home".

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. Patients' bedrooms were personalised with items important to them. Bedrooms were suitably furnished and decorated. Appropriate doors leading to rooms which contained hazards to patients had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

An area for improvement was made to make sure that fire safety measures were maintained to ensure the safety of patients, staff and visitors to the home. This was in relation to corridors and a fire exit being blocked which would impede on an evacuation of the home should a fire alarm sound. Fire extinguishers were easily accessible.

There were extensive gardens and walks on the grounds which were well maintained and had seating areas for patients to enjoy the outdoors.

Environmental audits had been conducted. However, areas were identified which were not in keeping with best practice on IPC. These were discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Patients confirmed that they were offered choices in how and where they spent their days in the home. A patient told us, "Staff are excellent. I pick my own clothes to wear everyday". Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Patients were free to leave the home with family members if they wished.

There were two activity therapists employed in the home. Patients told us that they enjoyed engaging in activities and that these were carried out regularly. Activities were conducted on a group and on a one to one basis. A monthly programme of activities was displayed identifying planned activities. Activities included arts and crafts, games, reminiscence, quiz, sensory activities, pampering, iPad Apps, music and singing. Special days, for example, birthdays, Easter and Christmas were celebrated. External musical entertainers, including a local school choir, had come to the home to entertain the patients. An upcoming barbeque had been planned for patients and their relatives. Patients spoke of enjoying pet therapy in the home. One patient told us, "I'm not fussed in joining in with activities; I get my papers delivered every day and that's what I enjoy doing; reading".

Patients' social histories were recorded on admission to include their likes and dislikes. Each patient had an activities care plan in place. Patients could discuss activities at the scheduled patients' meetings. A record of each patient's activity engagements was recorded within their care records. When a person chose not to be involved in the activity, this was also recorded and respected.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to 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 manager. Staff told us that they found the manager to be 'approachable', 'visible on the floor' and would 'always listen to any 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. Staff demonstrated good knowledge of the organisational structure in the home.

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 patients' care records, patients' weights, showers/bed baths, wound care, restrictive practice, medicines management, staff training and the environment.

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 and completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A complaint's book was maintained and records included the nature of the complaint and any actions taken in response to the complaint. Cards and letters of compliments were maintained on file. The manager confirmed that all compliments received would be shared with the staff.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	2

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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 13 (4) Stated: Second time To be completed by: Immediate attention required	The registered person shall ensure that insulin pen devices are labelled and the dates of opening recorded. Ref: 5.1 Response by registered person detailing the actions taken: For consistency insulin pens are to be replaced during the start of the monthly cycle. Management will monitor that insulin pens have commencing date and time. This will be monitored monthly at the start of the monthly medication cycle.
Area for improvement 2 Ref: Regulation 27 (4) (d) (iii) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that corridors and fire exits in the home are not blocked to allow for a safe means of escape in the event of a fire bell sounding. Ref: 5.2.3 Response by registered person detailing the actions taken: The weekly walk around monitoring has now commenced. This is to ensure that fire exits are maintained free from obstruction. Concerns arising from the weekly walk around will be communicated promptly to staff via email and will be presented in staff training. Signage has been erected in the areas of

	<p>concern. Nurse in charge are advised to remain vigilant with regards to this matter.</p>
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<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2023</p>	<p>The registered person shall ensure that the IPC issues identified during the inspection are effectively managed.</p> <p>A more robust system to monitor IPC in the home should be developed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Issues identified during inspection were discussed with staff through meeting and handover before start of the shift. Areas of concern were also communicated to the staff by way of email to ensure all staff member are informed. Designated infection control nurse will ensure that infection control is being monitored throughout the shift. Spot checks by management is now being developed and we endeavour to have monitored weekly. Staff supervision in relation to infection control continues.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2023</p>	<p>The registered person shall ensure that staff complete and remain compliant with mandatory training requirements.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Staff overdue mandatory training were spoken to directly with target dates set and achieved. Staff who are approaching due are reminded to commence training as a matter of priority via email. The Home is now 88.5% compliant in all mandatory trainings as of 06/09/2023. The responsible person shall ensure that mandatory training is maintained. Administration team are now tasked to monitor compliance weekly, with individual reminders issued to those overdue or approaching due.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2023</p>	<p>The registered person shall ensure that the management of hydration in the home is reviewed to make sure that patients deemed at risk of dehydration have:</p> <ul style="list-style-type: none"> • A realistic daily fluid target • Accurate recording of fluid intake records to include supplements taken • Actions to take, recorded within the patient's care plan, of what to do when the fluid targets are not being met. <p>Ref: 5.2.2</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The fluid target of each resident is now being reviewed so that the target set is now more realistic. Nurse in charge to ensure that food supplements are being recorded when they are given to a resident. Resident who do not achieve their individual fluid intake are being referred to their G.P for review. Responsible person is to ensure staff nurse has updated the care plan to reflect changes of the resident's fluid intake. Summary of Residents fluid intake will be handed over to day staff nurse and will be actioned where nessessary.</p>
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