

# Unannounced Care Inspection Report 3 February 2021



## Hockley Private Nursing Home

**Type of Service: Nursing Home**

**Address: 11 Drumilly Road,  
Armagh, BT61 8RG**

**Tel No: 028 38 87 0365**

**Inspector: Julie Palmer**

[www.rqia.org.uk](http://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 54 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Elim Trust Corporation  <b>Responsible Individual(s):</b> Edwin Michael	<b>Registered Manager and date registered:</b> Mary Jane Sagayno 8 October 2018
<b>Person in charge at the time of inspection:</b> Mary Jane Sagayno	<b>Number of registered places:</b> 54
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 50

### 4.0 Inspection summary

An unannounced care inspection took place on 3 February 2021 from 09.30 to 17.30 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
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “The people around are all very nice.”
- “It is great here.”
- “I am definitely well looked after.”

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
<b>Total number of areas for improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mary Jane Sagayno, 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 previous care inspection report.

During the inspection the inspector met with 13 patients and five staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position 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.

The following records were examined during the inspection:

- duty rotas from 25 January to 7 February 2021
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four patients' care records including food and fluid intake charts
- care partner policy
- the current fire risk assessment
- RQIA registration certificate.

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 the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 February 2020. No further actions were required to be taken following this inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Staff spoken with told us that they were satisfied with staffing levels. No responses were received from staff via the on-line survey.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor compliance with mandatory training and remind staff when training was due.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

Staff told us that teamwork was good and although working through the COVID-19 pandemic has been 'very tough' they feel well supported, comments included:

- "I like it here, there is good teamwork."
- "Teamwork is so good."
- "Everyone is very supportive."
- "We are kept up to date with things about Covid and when training is due."
- "We are a good team, we all support each other."
- "It has been tough but we've got through it."
- "Support was and is available, not just from management; there is emotional support if we need it."
- "Jane (the manager) has been brilliant."

The manager said that the home had not had to use agency staff during the COVID-19 pandemic as "teamwork is great, everyone has really pulled together to cover shifts".

### **6.2.2 Personal protective equipment**

Signage had been put up at the entrances to both units in the home to reflect the current guidance on COVID-19. PPE stations were also set up enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check and completed a health declaration on arrival at the home. Review of records confirmed that all staff and patients had a twice daily temperature check recorded.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE and hand hygiene. Staff spoken with displayed their knowledge of the principles of hand hygiene and the use of PPE. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to wear fluid resistant masks and to don and doff PPE in accordance with the regional guidance.

However, on one occasion we observed that staff did not don aprons and gloves before assisting patients with moving and handling tasks. We brought this to the attention of the manager who agreed that all staff should consistently don aprons and gloves for this direct patient care task and immediately reminded staff of regional PPE guidance. We also observed that three members of staff were wearing cardigans although they were not directly engaged in patient care at the time. This was also brought to the attention of the manager and action was immediately taken to resolve this issue. We evidenced that communication was sent to all staff during the inspection to reinforce the home's policy on uniform and also regional PPE guidance. The manager assured us that stringent monitoring of staffs' use of PPE and adherence to uniform policy would continue daily in order that any issues could be immediately addressed.

### **6.2.3 The environment and IPC measures**

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, the laundry, sluices and storage areas. The home was found to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. Corridors and fire exits were clear of clutter and obstruction. We observed that new flooring had been laid and redecoration had been completed to the ground floor corridor in the lodge; this area looked light and bright.

Cleaning schedules were reviewed; these were completed and up to date. The manager told us that there were two domestic staff on duty in each unit daily and care staff were also good at helping with frequent touch point cleaning throughout the day.

The laundry area was clean, tidy and well organised. The laundry assistant knowledgeably discussed the systems in place to effectively manage laundry and IPC measures in the home.

Patients spoken with told us that they felt the home was kept clean and tidy, one patient commented that "staff are always cleaning".

The manager told us that there was a system in place to ensure repairs/redecoration were carried out in a timely manner and that routine maintenance checks had continued as normal during the COVID-19 pandemic.

We observed that an identified pressure relieving cushion and mattress showed signs of wear and tear; this was brought to the attention of the manager for information and action.

#### **6.2.4 Care delivery**

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly. We saw that staff spoke to patients in a friendly and caring manner.

The manager told us that there are two activity therapists in the home to assist patients with their interests and hobbies. Activities provided included reading, singing, listening to music, bible readings, games, quizzes, hand massage, hair styling and manicures. Activities were provided on either a one to one or small group basis depending on the type of activity and patients' individual preferences.

Staff spoken with discussed the importance of effective communication and showing compassion to patients and relatives at this challenging time. A staff member told us that "it is really important to support the patients; they have suffered from losing friends and miss their families". The manager told us that "families have been very supportive" and appreciated the regular updates provided by the home.

We discussed the care partner initiative with the manager who told us that a care partner policy had been introduced following the regional guidance in this area. All relatives had been informed about the care partner role; risk assessments and care plans had been completed for those patients who have a care partner. Staff provide the care partners with advice and support regarding PPE, IPC measures and the frequency and times of sessions.

The manager told us that the home was following the regional guidance regarding visiting. Visits are by appointment, PPE is readily available and staff ensure visiting areas are thoroughly cleaned between appointments. Virtual and window visits are also available if required.

Patients spoken with told us that they felt well cared for in Hockley; comments included:

- "I can ring my family whenever I want."
- "Staff are okay, they help me."
- "They are just great here, staff are lovely."
- "I love it here."
- "The staff are always busy."

One patient told us that "there is only one stedy so sometimes I have a bit of a wait". We brought this to the attention of the manager who assured us that the need for an additional stedy would be assessed.

We observed the serving of lunch in the dining room. The food on offer was well presented and smelled appetising. Staff were seen to be obliging, trays were taken to patients who preferred to eat in their rooms and discreet assistance was given to those patients who required help. Patients spoken with told us they had enjoyed their lunch and the food was always good:

- “When they bring the trolley in my mouth waters, the food is lovely.”
- “The food is good, plenty of choice.”
- “All nice fresh food and a good choice.”
- “The food is lovely, excellent.”

Following the inspection we received completed questionnaires from five patients and one relative. All the respondents told us that they were very satisfied that the care provided was safe, effective, compassionate and well led; comments included:

- “I think the overall care is very good. The staff are very sympathetic and warm with a desire to help.”
- “All the staff are very kind and compassionate.”
- “I am happy with my care.”

Comments made by patients and relatives were brought to the attention of the manager for information and action if required.

### **6.2.5 Care records**

We reviewed four patients’ care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Wound care recording was reflective of the recommendations in the individual patient’s care plan and was up to date. However, we observed that not all the wound assessment charts, where there was a pressure sore, recorded the grade of the pressure sore. We discussed this with staff who displayed their knowledge of grades of pressure sores and wound assessment. However, in order to carry out meaningful wound care evaluation and ongoing assessment the grade of pressure sores should be recorded in the wound care records; an area for improvement was made.

Patients’ weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred. Food and fluid records reviewed were up to date.

We could see that in the event of a fall neurological observations were completed if required and relevant risk assessments and care plans were updated.



The care records for a patient, who staff told us can display an extremely distressed reaction to care interventions, were found to be comprehensive and detailed. The records identified triggers, reactions and how to manage care needs. Staff clearly recorded when care was offered, accepted and/or declined. There was clear evidence of consultation with the MDT and the key worker; it was apparent that staff made every effort to ensure this patient's needs were met whilst trying to minimise their distress.

### **6.2.6 Governance and management arrangements**

The manager told us that she felt well supported by her senior managers who were accessible and responsive to any requests. The manager also said that the Southern Health Trust (SHSCT) IPC team and RQIA had provided valuable advice and support throughout the COVID-19 pandemic. The manager complimented staff on their hard work during the COVID-19 pandemic; she told us that "staff have been tremendous".

We discussed the home's current fire risk assessment and management plan, in which the fire risk assessor had recommended an upgrade to the system, with the manager who told us that, as the home had been affected by a COVID-19 outbreak and as the works would cause significant disruption and potential IPC issues, a planned date for the upgrade had not yet been arranged. We requested that the manager keep us informed of progress in this area and submit a copy of the 2021 fire risk assessment and management plan to RQIA once completed; an area for improvement was made. This information was brought to the attention of the RQIA estates inspector for review following the inspection. Review of records confirmed that fire safety training and safety drills were maintained on a regular and up-to-date basis.

A sample of governance audits reviewed evidenced that management maintained effective oversight of the care and services provided in the home and had systems in place to identify deficits and the actions required to carry out improvements.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home. A monthly falls analysis was completed to identify any patterns or trends that might arise.

A record of compliments/thank you cards was maintained; comments included:

- "Thank you so much for the care and kindness."
- "Thank you, especially for all your hard work and dedication to your jobs during lockdown."

Monthly monitoring reports had been completed remotely when necessary during the COVID-19 pandemic and in person when possible. The reports included the views of patients, their relatives and staff and an action plan, with a timescale and person responsible was, developed to identify areas requiring improvement.

## Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, maintaining good working relationships, the cleanliness of the home, the care provided, care planning, the culture and ethos, communication and governance arrangements.

## Areas for improvement

Areas for improvement were identified regarding recording the grade of pressure sores and submission of the 2021 fire risk assessment and management plan to RQIA once completed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 6.3 Conclusion

Patients in the home look well cared for and appeared to be content and settled. Staff were seen to be helpful and friendly. The home was clean and tidy throughout.

The manager was very responsive to issues brought to her attention on the day and took immediate action to resolve issues where possible.

Following the inspection the manager confirmed that the identified pressure relieving cushion and mattress had been replaced and additional cushions and mattresses were available in the home if required. The manager also confirmed that an additional stedy was now available.

The estates inspector reviewed the current fire risk assessment for the home and advised the manager that they should communicate with their fire safety consultant to ensure suitable controls are implemented until the fire risk assessment action plan recommendations are completed. The manager informed RQIA that a date had been confirmed for the home's 2021 fire risk assessment.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Jane Sagayno, 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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2021	<p>The registered person shall ensure that RQIA are provided with a copy of the current 2021 fire risk assessment and management plan once completed. The fire risk management plan should be actioned and revised when necessary.</p> <p>Ref: 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The fire risk assessment will be carried out by WRB training consultancy on April , 2021. The management plan will be actioned as identified. RQIA will be provided with a copy of the fire risk assessment when completed.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the grade of pressure sores is consistently recorded on wound assessment charts in order that meaningful wound care evaluation and ongoing assessment can be undertaken.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All registered nurses were advised that pressure sores must be graded. This will be reflected on the wound care chart and careplan. Wound care training is provided to all registered nurses via online and zoom.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)