The Regulation and Quality Improvement Authority

Inspection Report

11 June 2024

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:** 52
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 11 June 2024 from 9.20am to 5.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined 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 of living in the home. Comments received from patients, relatives and staff are included in the main body of this report.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

New areas for improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

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.

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

4.0 What people told us about the service

During the inspection we consulted with patients, relatives and staff. Patients told us that they were happy living in the home and were offered choice in how they spent their day. They offered comments, such as, "The staff are very nice and there are plenty of activities going on", and, "I am very happy here; the staff come in regularly to check on me".

Staff told us that, although work could be stressful at times, they enjoyed working in the home and engaging with patients. Staff thought that there were good staff/patient relationships. They confirmed that there were also good working relationships between staff and the home's management team.

The relatives consulted were very positive in regards to the care delivery in the home.

There were no questionnaire responses received from patients or relatives 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 17 July 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:** Second time	The registered person shall ensure that insulin pen devices are labelled and the dates of opening recorded.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 27 (4) (d) (iii) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that the IPC issues identified during the inspection are effectively managed. A more robust system to monitor IPC in the home should be developed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 39	The registered person shall ensure that staff complete and remain compliant with mandatory training requirements.	**Met**

Stated: First time	**Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time	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: • 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.	**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

A comprehensive pre-determined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All staff completed an induction to become more familiar with the homes' policies and procedures. The time period for induction could be extended if required. A booklet was completed to record the topics on induction completed. A list of training was identified for completion as part of the induction process.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included patient moving and handling, adult safeguarding, deprivation of liberty safeguards (DoLS) and fire safety training. The manager would update staff on any additional training opportunities.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics. Recent supervisions had been conducted on mouth care and swallowing difficulties.

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).

Staff raised no concerns in regards to the staffing arrangements in the home and confirmed that they felt they worked well together and that the teamwork was good. They shared comments, such as, “We all know each other and how each other works”, and, “We have a fantastic team here”. Patients complimented the care delivery from staff. 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.

Staff meetings were conducted quarterly in accordance with the staffs’ designations. Minutes of the meetings were recorded and emailed to all relevant staff following the meeting.

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 staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, continence care, food and fluid intake and any checks made on patients. Nursing staff completed daily progress notes to evaluate the daily care delivery.

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. This included the frequency of repositioning, if required. Records of repositioning had been maintained well. Where a patient had a wound, a care plan was in place to guide staff on how to manage the wound and wound evaluations were recorded at the time of wound dressings to monitor the progress of the treatment.

Incident forms were 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. Accident records evidenced that the appropriate actions had been taken following a fall in the home and the appropriate persons notified.

Eating and drinking care plans were in line with recommendations from the speech and language therapists (SALT) and dieticians. Care plans were updated monthly to ensure that they were still reflective of patient’s needs. Each patient had a fluid target identified to manage hydration. Fluid intakes had been recorded well and included any liquid supplements the patient ingested. Staff were aware of the actions to take to maintain patients’ hydration levels. The majority of food intake records were detailed. Ways of enhancing the food intake records were discussed with the manager.

The timings for meals during the day were well spaced out. Food and fluids were available at all times for patients. A new summer menu had been developed and offered a good choice and variety of foods. Food served appeared appetising and nutritious. Patients could dine in the dining room or their own bedroom if they preferred. Mealtimes were well supervised and staff were observed compassionately encouraging patients to take their meals. However, several patients throughout the home were not aware that they had a choice of food at mealtimes. The positioning of some patients in wheelchairs was not in keeping with best practice, in that, footrests were left in place. Staff did not have access to hand hygiene in the dining room. Patients' nutritional details were visible to other patients in the dining room. This was discussed with the manager and an area for improvement was identified to review the mealtime experience in line with the inspection findings.

5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items important to them. Some patients had their own furniture in their rooms from home. The home was warm, clean and comfortable. There were no malodours detected in the home. The manager confirmed recent improvements in the home. Flooring in the Mews Unit had been replaced and plans were in place to replace flooring in the Lodge Unit.

It was evident that fire safety was important in the home. Staff had received training in fire safety and the manager confirmed fire safety checks including fire door checks and fire alarm checks were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible. The manager confirmed that the required actions from the most recent fire risk assessment had been completed.

Infection prevention and control (IPC) audits and environmental audits were conducted monthly and contained action plans to address any deficits found. The action plans were shared with staff for their information. Staff read and then signed to confirm they understood the actions required. This was a good practice. However, staff were observed providing care to patients without the use of personal protective equipment (PPE). This was discussed with the manager and identified as an area for improvement.

5.2.4 Quality of Life for Patients

Patients appeared comfortable and settled in their environment. There was a pleasant atmosphere throughout the home. 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.

Patients consulted confirmed that they were offered regular activities. They told us that they were encouraged to join in with group activities when they wanted. One to one activity engagements were also conducted. Activities included sing-a-longs, quiz, exercises, beauty therapy, hand massages, arts and crafts, musical bingo, poems and sensory games. There were two resident budgerigars which patients' enjoyed in the lounge of the Lodge Unit. Coffee mornings and a fun day had been planned. Preparations were in place to celebrate Father's Day. A choir was set to sing in the home. Online records of activity engagements were maintained for each patient. These included the activity, how the patient was feeling and what levels of engagement that there were.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "The staff are very attentive. The food is good. I am offered activities but I have my own music and books in my room which I prefer". Another patient told us, "The staff are all lovely. I choose what I wear during the day. The activities person comes to see me and I get my paper every morning".

Relatives were happy with the care provision in the home. One told us, "The staff go that extra mile for the patients. The care is very good". Another commented, "The care here is excellent; we come and go as we please".

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.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. 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' and felt 'free to talk to her about anything'. The RQIA certificate of registration was displayed appropriately and reflective of the current registration.

In the absence of the manager, the nurse in charge, nominated within the duty rota, would take charge of the home. Nurses first completed a competency and capability assessment on taking charge of the home prior to commencing this role. Staff confirmed that the management team were contactable at all times should they require assistance.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients' care records, restrictive practice, wound care, medicines management, weight loss, staff training and the environment. Action plans were developed where deficits were found.

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 kept to include the nature of any complaint and any actions taken in response to the complaint. The number of complaints made to the home was low. A compliment's book was also completed to record any cards of thanks, notes or complimentary emails received. The manager confirmed that all compliments received would be shared with the staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	2

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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 31 July 2024	The registered person shall review the mealtime experience in line with the findings from this inspection. Ref: 5.2.2
	Response by registered person detailing the actions taken: Issues discussed during inspection had been acted upon and is monitored daily by the nurse in charge. Finding from the inspection was included into the day and night report checklist. Dining experience audit was commenced and will be carried out monthly.
Area for improvement 2 **Ref:** Standard 46 Criteria (2) **Stated:** First time **To be completed by:** From the date of inspection 11 June 2024	The registered person shall ensure the appropriate use of PPE in the home at all times. Ref: 5.2.3
	Response by registered person detailing the actions taken: The proper use of PPE was communicated to all the staff through emails and staff meetings and is monitored daily by the nurse in charge as part of there daily report. Staff supervisions is being carried out. The management will carry out audit monthly and as needed. Areas of concern will be shared to the staff without delay.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care