

Inspection Report

19 October 2021



Hockley Private Nursing Home

Type of service: Nursing Home
Address: 11 Drumilly Road, Armagh, BT62 8RG
Telephone number: 028 3887 0365

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Jane Sagayno Date registered: 8 October 2018
Person in charge at the time of inspection: Mrs 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: 48
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 the Lodge and the Mews, both of which are spread over two floors, with patients bedrooms located on both floors. Within the Lodge and the Mews patients have access to communal lounges and dining rooms. There are extensive gardens and outside seating areas.	

2.0 Inspection summary

An unannounced inspection took place on 19 October 2021 from 9.35 am to 6.35 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients spoke positively about living in the home and said they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to provide patients with the care required in a timely and compassionate manner.

Areas requiring improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in the home was safe, effective, 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 and how staff went about their work was observed.

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 Jane Sagayno, Registered Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 18 patients, both individually and in small groups, and 12 staff.

Patients said there were enough staff to help them and that staff were helpful and friendly.

Staff said they felt well supported and that teamwork was great.

A record of thanks and compliments received was kept and shared with staff; this is good practice.

Following the inspection we received two completed questionnaires; both respondents indicated that they were very satisfied the care provided was safe, effective, compassionate and well led.

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 3 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27(4)(a) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: The fire risk assessment was completed on 16 April 2021. RQIA were provided with a copy of the fire risk assessment and management plan as requested. Actions required were well underway during the inspection and RQIA will be informed when these are completed.</p>	
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	<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>	Met
	<p>Action taken as confirmed during the inspection: Review of wound care records evidenced that the grade of pressure sores was consistently recorded.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. There was a system in place to monitor the registration status of nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

The manager said that the number of staff on duty was reviewed on at least a monthly basis to ensure that the needs of the patients were met. Bank staff were available to cover for sick leave and annual leave as required; the manager said that staff were very helpful at covering shifts.

Staff said that staffing levels were generally satisfactory, occasionally there was an unavoidable shortage due to the ongoing COVID-19 pandemic, but that efforts were made to cover shifts. Staff said they were always busy, teamwork was very good and they felt well supported in their role.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. It was observed that there were enough staff on duty to meet the needs of the patients in a timely manner.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with a range of mandatory training to enable them to carry out their roles effectively. Staff said that they were satisfied that their training needs were met. Review of training records evidenced that mandatory training was provided in an online format but also face to face when required, for example, in fire safety awareness and moving and handling training. A training matrix and record of staffs' compliance with training was maintained; staff were reminded when training was due and had a time limit within which to complete this.

Patients said there were enough staff to help them; staff were seen to be responsive to the needs of patients and to answer call bells promptly.

It was observed that staff displayed a friendly and respectful manner towards the patients and each other.

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. Staff said that they received a handover at the start of each shift to ensure that they were aware of any changes in the needs of the patients.

Review of patients' records and discussion with staff confirmed that the correct procedures were followed if restrictive practices and equipment, for example, alarm mats or bed rails, were required. It was established that safe systems were in place to manage this aspect of care.

A monthly audit of restrictive practices and equipment was undertaken. The bed rail risk assessment for one patient had been incorrectly updated to say that bed rails were not in use; this was brought to the attention of staff and action was taken to accurately update the risk assessment.

Patients who are less able to mobilise require special attention to their skin care. Patients who required assistance to change their position had this recorded in their care records. However, in the care records reviewed for one patient the recommended frequency of repositioning was not consistent within their care plans and a record of repositioning had not been maintained. This was brought to the attention of staff for information and action. Staff confirmed this patient was repositioned regularly and that their skin was intact. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, aids such as alarm mats, bed rails and crash mats were in use if required. Examination of records and discussion with staff confirmed that in the event of a fall the home's post fall protocol was implemented and the relevant care records were evaluated and updated in the event of a fall. A monthly accident analysis was undertaken to determine if there were any patterns or trends and an action plan was developed if required.

It was observed that all-day slings were in use for some patients. Staff explained that the use of these could help to reduce discomfort during moving and handling tasks as the slings did not have to be put in place or removed as frequently. However, review of care records identified that the use of an all-day sling was not detailed within the patients' care records. An area for improvement was identified.

Review of wound care records evidenced that wound charts were contemporaneously recorded and reflected the recommendations of patients' wound care plans regarding the type and frequency of wound dressing.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was seen to be an opportunity for patients to socialise, music was playing, and the atmosphere was calm and relaxed. It was observed that patients were provided with the support they required; this ranged from simple encouragement through to full assistance from staff. Staff were seen to communicate effectively with each other to ensure that the nutritional needs of the patients were met in a timely manner.

There was a choice of meals on offer and the food was attractively presented and smelled appetising. Staff offered patients a choice of hot and cold drinks during and after the meal. The cook said that efforts were made to cater for all likes and dislikes and that if patients changed their mind or didn't like a particular meal there was never a problem providing them with an alternative option. Patients said that they enjoyed the food and could ask for an alternative option with no problem at all; one patient commented that dinner was beautiful.

Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of diet. Patients' weights were checked at least monthly to monitor weight loss or gain. Care records contained recommendations from the Dietician and the Speech and Language Therapist (SALT). Contemporaneous records were kept of what patients had to eat and drink daily.

Care records were well maintained and regularly reviewed to ensure they continued to meet the patients' needs. There was clear evidence of consultation with patients and their relatives regarding their care needs. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Patients' individual likes and preferences were reflected throughout the records, for example, preference to choose own outfits, wear jewellery, have assistance from female staff with personal care and preferred time to go to bed.

It was apparent that staff assisted patients with all aspects of their personal care needs as required. Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from or recommendations made by any healthcare professionals was recorded.

Patients said they felt well looked after and that staff were helpful and friendly.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. A new fire alarm system has been installed and related fire safety works were still ongoing at the time of the inspection. It was observed that the impact of these works on patients was kept to a minimum. The manager confirmed that once all the required fire safety works are completed the current fire risk assessment and management plan will be reviewed and the relevant information will be shared with the RQIA estates inspector. Fire exits and corridors were free from any obstructions. Review of records evidenced that staff had been provided with face to face fire safety training and a record of fire drills was maintained.

Patients' bedrooms were attractively decorated and personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for patients. The manager and the maintenance man confirmed that routine maintenance checks were undertaken as required, a repair/ redecoration schedule was in place and improvements were undertaken as required, for example, a new call bell system has been installed since the last inspection.

Patients said that the home was kept clean and tidy. Staff said that the ongoing fire safety upgrade works had resulted in minimal disruption and they had been able to work round this when necessary.

It was observed that the covers of two pressure relieving cushions and one mattress showed signs of wear and tear. This was brought to the attention of the manager who assured us that spares were available and these would be immediately replaced. It was agreed that an audit would be undertaken in order to identify any other cushions or mattresses which required replacement. Progress with this will be reviewed at the next inspection. Review of records confirmed that a recent audit of commodes had been undertaken and replacements had been ordered.

Equipment was generally found to be in good clean condition. A chair in use for a particular patient had already been identified for replacement; the manager confirmed that an Occupational Therapist (OT) seating assessment had been requested as the patient required specialist seating.

Bathroom heaters were operated by cord pulls, however, the cord pulls were not wipeable; an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for patients, staff and care partners.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how and where they spent their day. Staff were seen to offer patients options regarding, for example, where to eat their meals, if they wanted to take part in activities and if they preferred to spend time in one of the lounges or in their own bedroom.

An activity schedule was on display; planned activities included singing, religious services, quiz time, puzzles, arts and crafts, exercises to music and one to one time. The activity therapist said that patients were consulted about the type of things they would like to do and patients' abilities and preferences for one to one or group activities were also taken into account. The activity therapist commented that music and singing was especially popular with the patients and as a result they were in the process of establishing a choir.

During the inspection it was observed that a patient's birthday was celebrated with a cake and staff singing 'Happy Birthday' to them. The activity therapist said that an effort was always made to celebrate special occasions such as birthdays and Christmas with cakes and presents for the patients. Patients were helping to make their own individual 2022 calendars for their families.

Review of records confirmed that patients were invited to participate in regular patient meetings which provided them with an opportunity to comment on aspects of the running of the home, for example, planning activities and menu choices. An annual satisfaction survey was also completed to determine patients' views and opinions to help inform and improve the running of the home. Patients and relatives were provided with a regular newsletter to keep them informed about planned events and what was happening in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. It was observed that staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place as per the current guidance with positive benefits to the physical and mental wellbeing of patients.

The atmosphere throughout the home was warm and welcoming. Staff were seen to be attentive to the patients and to treat them with kindness and respect. Patients who were in their rooms had call bells within reach.

Staff were observed to regularly go in and out of bedrooms checking that patients were comfortable and asking if they needed anything. Staff were also observed to maintain patients' privacy and dignity; they knocked on doors before entering rooms and offered discreet assistance.

Staff took time to chat to patients and engage them in conversations about all sorts of topics, for example, shopping, their families and when their visitors were next due in.

All but one patient we spoke to said that they felt staff listened to them and that concerns or issues were sorted out. This patient was happy for their issue to be brought to the attention of staff who were able to confirm that they were aware of this issue and were working towards a satisfactory resolution. The patient said they felt well looked after, enjoyed the food and were otherwise quite content.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Jane Sagayno has been the Registered Manager in this home since 8 October 2018. Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staffs' practices.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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 vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients looked well cared for and spoke positively about life in the home. Staff were seen to treat patients with kindness and respect and to offer them choices about their care needs and how they would like to spend their day.

The home was clean and tidy. The environment was pleasant and welcoming for patients, staff and visitors. It was positive to note that required works to enhance fire safety were underway and that measures were in place to ensure there was a minimal impact on patients and the daily routine.

Based on the inspection findings areas requiring improvement were identified regarding care records relating to repositioning and use of all-day slings and ensuring pull cords can be effectively cleaned.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 (April 2015)	
Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: Ongoing from the date of the inspection	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: We aim to ensure that a contemporaneous record will be maintained. Repositioning is now checked that it is carried out and recorded before the end of the shift by the nurse in charge. Records will be audited by management team monthly.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>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.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: To promote infection control and reduce the risk during moving and handling, residents who require hoist for transfer are provided with a breathable all day sling and is reflected to their careplans.</p> <p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All pull cords are now replaced with a wipeable material to ensure effective cleaning.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

Assurance, Challenge and Improvement in Health and Social Care