



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 7 February 2019



Hockley Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 11 Drumill Road, Armagh BT61 8RG
Tel No: 02838870365
Inspector: Julie Palmer

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 54 persons.

3.0 Service details

Organisation/Registered Provider: Elim Trust Corporation Responsible Individual: Edwin Michael	Registered Manager: Mary Jane Sagayno
Person in charge at the time of inspection: Mary Jane Sagayno	Date manager registered: 8 October 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 54 There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 7 February 2019 from 09.40 to 13.45.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Hockley Private Nursing Home which provides both nursing and residential care.

The inspection focused on assessing the level of the progress and compliance with the areas for improvement identified during the last care inspection on 8 September 2018.

We can confirm that all areas for improvement identified during the 8 September 2018 inspection have been met.

There were no areas for improvement identified during this inspection.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mary Jane Sagayno, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 8 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 8 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with ten patients and 14 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients' questionnaires and ten patients' relatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hallway.

The following records were examined during the inspection:

- duty rota for all staff from 28 January to 10 February 2019
- incident and accident records from 8 September 2018
- falls analysis/audit and policy
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- records of staff meetings since September 2018
- emergency evacuation register
- valuables book
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 dated 8 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. A falls policy and flow chart should be developed and implemented within the home.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the registered manager and staff evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 27 (4) (c) (d) (iii) Stated: First time	The registered person shall ensure fire exits are kept clear and not obstructed. Emergency evacuation registers must clearly identify patients accommodated in the home without the use of abbreviations.	Met
	Action taken as confirmed during the inspection: Review of the environment and the emergency evacuation register evidenced that this area for improvement had been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the environment and discussion with the registered manager evidenced that the home was clean and hygienic and that an ongoing refurbishment plan had been implemented.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage of sharps boxes.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of treatment rooms evidenced that sharps boxes were safely and securely stored and were inaccessible to patients.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure nurse call bells are available to patients in their bedrooms at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Observations and discussions with patients who were in their bedrooms during the inspection evidenced that call bells were within reach.</p>	Met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure contemporaneous care plans are in place to direct care.</p> <p>This area for improvement is made in with specific reference to wound care management.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with nursing staff and review of care records for patients with current wounds evidenced that care plans to direct care were contemporaneous.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines.</p> <p>This area for improvement is made in with specific reference to wound care evaluation.</p> <p>Action taken as confirmed during the inspection: Discussion with nursing staff and review of care records for patients with current wounds evidenced that wound care was evaluated and record keeping was contemporaneous.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of their health and welfare are to be met.</p> <p>Action taken as confirmed during the inspection: Review of care records and discussion with the nursing staff evidenced consultation with the patient and/or their representative.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records confirmed staff meetings were held in September 2018 and January 2019 and will continue to be scheduled at least quarterly.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>The registered person shall ensure secure facilities and controlled access for the safekeeping of money on behalf of residents.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager evidenced that, if necessary, patients' money is held securely in a safe, a record is maintained and a receipt provided.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, care records audits.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of monthly care record audits evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

As previously stated, we reviewed the registered nursing and care staff duty rotas from 28 January to 10 February 2019. Staffing levels were maintained as planned and the care delivered by the skill mix and number of staff on duty was observed to safely and effectively meet the needs of patients.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients and although, on occasions, staffing levels were affected by short notice leave, this only happened occasionally and that shifts were “covered”. Discussion with the registered manager confirmed bank staff were available to “cover” shifts if required and that staffing levels were regularly reviewed to ensure the assessed needs of patients were met.

We also sought staff opinion on staffing via the online survey; no responses were received within the timescale indicated.

We also sought the opinion of patients and relatives on staffing via questionnaires. Three questionnaires were returned by relatives. All three indicated that they were satisfied or very satisfied with the care their relatives received and with staffing levels in the home.

No areas for improvement were identified in this area during the inspection.

6.3.2 The Environment

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices, treatment rooms and storage areas. The home was found to be warm, tastefully decorated, fresh smelling and clean throughout. Discussion with the registered manager confirmed there was an ongoing redecoration and refurbishment programme underway.

Storage areas reviewed were found to be neat and tidy, personal protective equipment (PPE) units were well stocked and bathrooms were clean and hygienic. Areas identified as requiring repair or replacement at the previous care inspection had either been, or will be, actioned during the ongoing redecoration and refurbishment plan which includes updating and replacing

bathrooms in the home. In one identified bathroom a rusted handrail was observed; this was immediately brought to the attention of the registered manager who has since confirmed a new handrail had been put in place.

Corridors and fire exits were clear and free from obstruction. Review of treatment rooms evidenced that sharps boxes were safely and securely stored; none were observed to be accessible to patients.

Observations and discussions with patients who were in their bedrooms during the inspection evidenced that call bells were within reach and in working order; patients spoken with reported that staff were very good at remembering to leave call bells within reach.

No areas for improvement were identified in this area during the inspection.

6.3.3 Care Records

We reviewed four patient care records in relation to the management of wound care, post fall management and management of restrictive practices, for example bed rails. It was evidenced that care records contained details of assessment and evaluation of care delivered. Care plans were reflective of patients' assessed needs and recommendations made by other healthcare professionals such as the tissue viability nurse (TVN).

Discussion with nursing staff and review of care records for patients with current wounds evidenced that care plans to direct wound care and record keeping of care provided were contemporaneous, care delivered was evaluated and records reflected the assessed need.

Review of care records and discussion with the registered manager confirmed a post fall pathway had been implemented and this was evidenced in record keeping; neurological and clinical observations had been carried out in accordance with best practice guidelines. Discussion with staff confirmed this had been embedded into practice.

Review of care records and discussion with the registered manager and staff confirmed evidence of consultation with patients and or their relatives regarding care planning and how to meet the patients' needs in respect of their health and welfare. Where potentially restrictive practices, such as bedrails, were in use there was evidence of assessment, care planning, consultation with the patient or their relative, consent for use and regular evaluation.

No areas for improvement were identified in this area during the inspection.

6.3.4 Management and Governance Arrangements

Since the last inspection, Mary Jane Sagayno had been approved as the registered manager in Hockley Private Nursing Home; RQIA were notified appropriately. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, staff, patients' relatives and other healthcare professionals.

Discussion with the registered manager and review of a selection of audits and monthly quality monitoring reports evidenced that systems and processes were in place to regularly review and evaluate the quality of nursing care and other services provided in the home.

Discussion with the registered manager and review of the emergency evacuation register evidenced that this was updated daily and included all current patients accommodated in the home; patients' names were not abbreviated on the register.

Review of the falls audit and falls policy and discussion with the registered manager evidenced that a post falls analysis was undertaken as required. We reviewed incident and accident records from September 2018, in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

We reviewed records of staff meetings held since September 2018; these included the date of the meeting, attendance, minutes and actions agreed. The registered manager confirmed meetings will continue to be scheduled at least quarterly with the next one planned for March 2019.

Discussion with the registered manager and review of the valuables book confirmed that if a patient handed over money or valuables for safe keeping a record, signed by the patient or their relative and the member of staff, was maintained and a receipt provided. Money or valuables handed over for safekeeping were stored securely in a safe in the home.

No areas for improvement were identified in this area during the inspection.

6.3.5 Consultation with Stakeholders

We spoke with 10 patients and 14 staff during the inspection. Patients spoken with indicated that they were well looked after by the staff in Hockley Private Nursing Home. Comments received included:

- "It's grand here."
- "Staff are helpful."
- "Not home but good enough."

There was a suitable daily activity programme in place and an activity co-ordinator was on duty; patients who chose to do so were making decorations in preparation for Valentine's Day the following week.

As previously stated patient and relatives' questionnaires were provided. One relative commented on a returned questionnaire "only niggly little frustrating things to complain about but in the overall scope of things these are not that important" and that they were "very grateful for Hockley". Any further comments received after the issuing of this report will be shared with the registered manager for their information and action as required.

Staff spoken with confirmed there was good teamwork in the home and they felt supported by management. Interactions between staff and patients were observed to be compassionate, caring and timely. Staff demonstrated their knowledge of patients' wishes, preferences and assessed needs.

No areas for improvement were identified in this area during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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