Unannounced Care Inspection Report
6 and 13 August 2019

Hockley Private Nursing Home

Type of Service: Nursing Home
Address: 11 Drumilly Road, Armagh BT61 8RG
Tel no: 028 3887 0365
Inspectors: Julie Palmer and Paul Nixon

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 registered nursing home which provides care for up to 54 patients within two units, Hockley Mews and Hockley Lodge.

3.0 Service details

Organisation/Registered Provider: Elim Trust Corporation **Responsible Individual:** Edwin Michael	**Registered Manager and date registered:** Mary Jane Sagayno 8 October 2018
Person in charge at the time of inspection: Annalyn Chambers - nurse in charge	**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 There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced medicines management inspection took place on 8 August 2019 from 09:50 hours to 14:00 hours. An unannounced care inspection took place on 13 August 2019 from 09.20 hours to 17.45 hours.

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

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

Evidence of good practice was found in relation to staffing, training, medicines management, care delivery, risk assessment, communication, activities, the culture and ethos, treating patients with dignity, governance arrangements and teamwork.

Areas requiring improvement were identified in relation to infection prevention and control measures, wound care planning, repositioning records and compiling an annual quality report.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection are included in the main body of this report.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Annalyn Chambers, Nurse in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 7 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 February 2019. No further actions were required to be taken following the most recent inspection on 7 February 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the quality improvement plan from the previous medicines management inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 5 to 18 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- staff supervision and appraisal schedules / registered nurse competency assessments

- six patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from February 2019
- RQIA registration certificate
- medicines records.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

Areas for improvement from the last medicines management inspection on 21 August 2018		
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 review and revise the management of medication changes to ensure that medicines are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: We confirmed that the management of medication changes had been reviewed to ensure that medicines are administered as prescribed. Audits performed on several recently prescribed medicines indicated that they had been administered appropriately.	
Area for improvement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure that robust arrangements are in place for the management of eye preparations.	**Met**
	Action taken as confirmed during the inspection: We confirmed that the dates of opening of eye preparations had been recorded and that the eye preparations in use were in date.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref**: Standard 18 **Stated:** First time	The registered person shall ensure that the reason for and outcome of the administration of medicines which are prescribed to be administered "when required" for the management of distressed reactions is recorded.	**Met**
	Action taken as confirmed during the inspection: We confirmed that the reason for and outcome of the administration of medicines which were prescribed to be administered "when required" for the management of distressed reactions were recorded.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We discussed the planned daily staffing levels for the home with the nurse in charge who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with staffing levels; they told us there was some short notice leave in the home but if this occurred shifts were usually 'covered'. Staff commented:

- "We all work well together."
- "We help each other out."
- "I love it here."
- "The other staff are great, I can ask them anything."

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

Patients spoken with were generally very satisfied with staffing levels. However, one told us that they felt there were not enough staff "on occasions" although they did not feel this affected the quality of care provided.

Patients' visitors spoken with on the day were satisfied with staffing levels. One did say that they felt staff were "thin on the ground" on occasions, whilst another commented that "mum has a bit of a wait to get to the toilet sometimes" although, again, they did not feel this affected the quality of care provided. Comments made with regard to staffing levels by patients and visitors were passed on to the nurse in charge who assured us that the assessed needs of patients were regularly reviewed.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.

We reviewed three staff recruitment and induction files and these evidenced that staff had been vetted prior to commencing employment to ensure they were suitable to work with patients in the home.

All staff spoken with stated they had completed, or were in the process of completing, a period of induction and review of records confirmed this. A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained.

We reviewed the system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff. Staff were sent reminders when their registration renewal was due and this was recorded on the system.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients.

Where practices were in use that could potentially restrict a patient's choice and control, for example, bedrails, the appropriate risk assessments and care plans had been completed. A rationale for use and consultation with the patient or their relative and/or key worker was recorded; consent was obtained where appropriate.

We looked at the home's environment and entered a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, dining rooms and lounges. The home was found to be warm, clean, fresh smelling and tidy throughout. Bedrooms were personalised with items that were of sentimental value and meaningful to the patients. Personal protective equipment (PPE) stations for the storage of aprons and gloves were plentiful throughout the home and were well stocked. Staff were observed to use PPE appropriately and also to carry out hand hygiene.

However, we did observe various infection prevention and control (IPC) deficits during the inspection. For example, identified shower chairs showed signs of rust and/or required more effective cleaning; there was no cover on a shower drain in an identified bathroom; an identified sink drain required repair/replacement; in an identified shower room a handrail was rusted and needed to be replaced and wood work needed to be repainted; two identified chairs in separate lounges were damaged and needed to be replaced. The nurse in charge was made aware of these findings. IPC measures should be effective and the system in place to monitor these should be robust; an area for improvement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of records confirmed that practical fire training had been delivered on four dates throughout the year to ensure all staff had an opportunity to attend and they were also required to complete a second session of online fire awareness training each year. Staff compliance with mandatory training was monitored and they were prompted when training was due. Staff spoken with were satisfied they had sufficient access to training.

We observed that staff were responsive to patient's needs, assistance was provided in a timely manner and call bells were answered promptly. Patients who were in their rooms were observed to have call bells within reach.

Findings of Medicines Management Inspection

The sample of medicines examined showed that patients were receiving their prescribed medicines.

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a patient's admission or re-admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were satisfactory arrangements in place to manage changes to prescribed medicines. Audits which cover all areas of medicines management were performed regularly, discrepancies investigated and records maintained.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and medicines management.

Areas for improvement

An area for improvement was identified in this domain in relation to infection prevention and control measures.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We arrived in the home at 09.20 hours and were met by staff who were friendly and welcoming. Observation of care delivery and the daily routine evidenced that patients care needs were met in a timely manner. Staff spoken with confirmed they attended a handover at the beginning of each shift. Patients unable to voice their opinions appeared to be comfortable, content and settled in their surroundings. Patients who were able to express their opinions commented positively about life in the home and the care received, they said:

- "I couldn't say a bad thing about the place."
- "It's fine here, I like the view."

Patients' visitors spoken with were also satisfied with the care provided, comments included:

- "Generally speaking patients are well attended to."
- "It's been good so far."
- "It's not too bad here."
- "I can't complain about anything."

Review of six patients' care records evidenced that patients' nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplementary care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

Care plans were in place to direct the care required and reflected the assessed needs of the patients. 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. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals.

We reviewed the management of wounds in the home. In one care record reviewed the relevant assessments and care plans were in place to direct the wound care required. However, in the other care record reviewed, a wound care plan had not been completed although a wound chart was in place and the daily record reflected that the dressing had been changed. A wound care plan should be in place to inform and direct the care required; an area for improvement was made.

We observed that validated risk assessments and care plans were in place to direct the care required in the management of falls. Staff spoken with demonstrated their knowledge of how to care for a patient who had a fall. Where a fall had occurred we observed that the appropriate risk assessments and care plans had been updated as necessary.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use if directed. However, we noted that one patient, who had been identified in the care plan as requiring to be repositioned three to four hourly, had not had a repositioning schedule completed and there were also 'gaps' in the repositioning record keeping for this patient. We discussed this with staff who confirmed this patient's skin was intact and regular repositioning was provided. A repositioning schedule should be developed and record keeping of repositioning should be up to date; an area for improvement was made.

We observed the serving of lunch in the Mews dining room. Staff assisted patients into the dining room or delivered meals to their rooms on trays if required. The menu was displayed on a blackboard in the dining room. Tables were attractively set, condiments were readily available and patients were offered clothing protectors and napkins as required. Staff offered patients a selection of drinks throughout the meal and demonstrated their knowledge of how to thicken fluids and which patients required a modified diet.

A nurse was in attendance for the mealtime; staff communicated effectively with each other and had a system in place to ensure all patients received their meal in a timely manner. The food on offer smelled appetising and was attractively presented. Kitchen staff obviously knew the patients well and were helpful and friendly towards them. All staff in attendance demonstrated their knowledge of patients' likes and dislikes and alternative food was offered if required. Staff were wearing aprons and were seated appropriately beside patients they were assisting. We also saw that staff chatted to patients throughout the meal in a kind and caring manner.

The mealtime was observed to be a pleasant and unhurried experience for patients who told us that they enjoyed the food provided, comments included:

- "The food is lovely, always good."
- "If you don't want what is on the menu they will make you something else."
- "Lunch was lovely."
- The soup was delicious."

We observed that staff demonstrated effective communication skills both with patients and with each other. Staff also demonstrated their knowledge around the importance of maintaining confidentiality when discussing patient information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery, the daily routine, risk assessing, the management of falls, communication between patients, staff and other key stakeholders and the mealtime experience.

Areas for improvement

Areas for improvement were identified in relation to having a care plan in place to direct wound care and ensuring a repositioning schedule was developed and record keeping of repositioning was up to date.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection we spoke with 15 patients, both individually and in small groups, about their experience of living in Hockley. Patients told us that they were well looked after in the home. We observed that patients were well presented in clean clothes and attention had obviously been paid to all aspects of their appearance, for example, nails were clean, gentlemen were clean shaven and ladies had their hair styled. Patients who were unable to chat to us appeared to be content and settled in their surroundings and in their interactions with staff.

Patients' visitors spoken with indicated that they felt their relatives were treated with respect and dignity by staff in the home. They were also satisfied with consultation and communication from staff about their relatives.

Staff interactions with patients were seen to be kind and caring. Patients were treated with dignity and respect by staff who we observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients to ensure their privacy was maintained.

A full and varied daily activity programme was on offer and the activity schedule was prominently displayed in both units of the home. Activities on offer included, for example, quizzes, games, puzzles, arts and crafts, story work, singing, exercises, music and reading, reminiscence and one to one time. During the morning we observed the activity co-ordinators assisting patients into the lounge in the Mews to take part in a quiz which all involved appeared to enjoy. In the afternoon patients in the Lodge were entertained with floor games. The activity co-ordinators were helpful and enthusiastic and patients taking part appeared to enjoy themselves.

Patients' spiritual needs were provided for with regular church services and time for reflection arranged; patients' own ministers were also welcome to visit at any time

We observed that the views of patients and relatives were obtained through surveys. However, an annual quality report had not been compiled to reflect upon these views or to document improvements, strengths and ongoing plans for the home. An area for improvement was made in relation to ensuring completion of an annual quality report.

The atmosphere within the home was friendly and relaxed; patients were seen to be treated with kindness. The culture and ethos within the home appeared to be positive. Patients spoken with told us that they felt staff listened to them and took their views on board.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to treating patients with dignity and respect, the activity programme, listening to patients and the culture and ethos of the home.

Areas for improvement

An area for improvement was identified in relation to ensuring an annual quality report was compiled for the home.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked was recorded. Patients, visitors and staff spoken with told us that the registered manager was approachable and accessible and they were on first name terms with her.

We observed that there was a system in place for recording any complaints received. Patients' visitors spoken with were aware of the procedure for making a complaint, they told us that:

- "We were happy, as a family, with how a recent complaint had been dealt with."
- "I've never had any problem that wasn't sorted out."

We reviewed a sample of monthly monitoring reports from February 2019; these were comprehensive, detailed and informative, they contained an action plan and a scheduled date of completion for the actions required. The report for July 2019 was not available to view although the nurse in charge confirmed a monitoring visit had been completed. RQIA were supplied with a copy of the report following the inspection.

Review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the nurse in charge and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, weights, wounds, falls and infection prevention and control practices. An action plan was developed where shortfalls were identified.

Nurses who were left in charge of the home had completed the necessary competency and capability training.

Staff meetings were held regularly, a record of attendance and topics discussed at each was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Annalyn Chambers, Nurse in Charge, 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 13 September 2019	The registered person shall ensure that the identified IPC deficits are resolved and that effective cleaning is carried out to minimise the risk and spread of infection in the home. Repair or replacement of identified equipment/areas should also be arranged. The system in place to monitor IPC measures should be robust and an action plan should be developed as required. Ref: 6.3
	Response by registered person detailing the actions taken: The infection prevention deficits during inspection has now been rectified. Two shower shower now replaced. Repairs required as mentioned has now been completed. Rusty handrails was removed. Two damaged chairs were replaced. The Home's environment will be monitored monthly by the management team to ensure quick action as required will be carried out.
Area for improvement 2 **Ref:** Regulation 17 **Stated:** First time **To be completed by:** 13 October 2019	The registered person shall ensure an annual quality report is compiled which reflects the views of patients and their relatives and identifies strengths, improvements and any further development required. Ref: 6.5
	Response by registered person detailing the actions taken: Annual Quality review is now complete. The Manager will ensure that this will be completed yearly. The manager shall ensure that actions required will be carried out within the time frame indicated.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a wound care plan is developed for any patient who has a wound and that this is updated as necessary in accordance with NMC guidelines. Ref: 6.4
	Response by registered person detailing the actions taken: `Although the wound audit is completed monthly. the Manager should ensure that new wound developed after the audit is checked if properly managed and documented. All registered nurses were advised through communication book, staff meeting and supervision to ensure that a careplan is being formulated reflecting the care being provided.

Area for improvement 2 **Ref**: Standard 23 **Stated:** First time	The registered person shall ensure that, where required, an individualised repositioning schedule is in place and an up to date record of repositioning is maintained. Ref: 6.4
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** When a regular repositioning is required, a resident's name is included into the checklist being formulated to ensure that it is completed as per careplan. This wil be recorded by the care staff who completed the task into the resident's record. The Home operates a Goldcrest computerized record system.

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

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