

Inspection Report

2 November 2023



Sandringham

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ann's Care Homes Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Mrs Tracey Palmer Date registered: 16 August 2019
Person in charge at the time of inspection: Mrs Tracey Palmer	Number of registered places: 63 A maximum of 32 in category NH-DE.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 61
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 63 patients. The home is divided in two units; one unit provides specialist care for up to 32 patients with dementia and the second unit provides general nursing care for up to 31 patients. Patients have access to communal lounges and dining rooms and each unit has an enclosed garden/courtyard.	

2.0 Inspection summary

An unannounced inspection took place on 2 November 2023 from 9.20 am to 6.00 pm. The inspection was carried out by care inspectors.

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 said that living in the home was a good experience. 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 be responsive to requests for assistance and to treat the patients with respect and kindness.

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 Sandringham 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.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients commented positively about their experience of life in the home. Patients said that they felt well looked after, the food was good and they enjoyed the activities. Comments made by patients included that "the staff are friendly and nice" and "the food is just great". Other comments included, "this is brilliant here, the food is brilliant and the staff are lovely" and "I like it in here, they are a friendly lot, they couldn't be better".

Staff were complimentary about teamwork and the support provided by the manager. Staff said they enjoy working in the home. Comments made by staff included that "this is a very rewarding job", "busy but enjoyable" and "teamwork is great". A further staff member said "I love working with the wee residents".

Relatives who were visiting in the home also commented about their experiences. A relative said that for a period of time they had not been fully satisfied with communication and the care provided; it was confirmed that they had brought this to the attention of relevant staff and were currently satisfied that the issues had been sorted to an acceptable level. Other relatives had no complaints; they felt that communication was good, staff were friendly and they were satisfied with the care provided. Comments included that “I go home with peace of mind” and “the care is fabulous, the staff are kind, pleasant and helpful and they will ring me if there is anything”.

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

Thank you cards were on display and a record of compliments received about the home was kept and shared with the staff team, this is good practice.

RQIA did not receive any responses to the staff survey within the timeframe specified following the inspection.

However, four completed questionnaires were returned by relatives. The relatives indicated that they were very satisfied with all aspects of care in the home. Comments made included that “we have no worries, thank you staff”, “it is good to see ... taking part in social gatherings with the boys, she loves it”, “very happy with the care, could not fault the home” and “very content with the care, staff are wonderful”.

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 January 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that staff are provided with essential training relating to their role. This is with specific reference to conditions that are being cared for in the home, such as Parkinson’s disease.	Met
	The registered person should undertake a review of the training needs of staff and consider specific conditions experienced by patients during this review.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the evening staffing arrangements in the identified unit are reviewed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 5 Criteria 3 Stated: First time	The registered person shall ensure that arrangements relating to restrictions implemented due to COVID-19 are reviewed.	Met
	This review should be completed in line with the current guidance and Department of Health (DoH) visiting during an outbreak algorithm. Action taken as confirmed during the inspection: Restrictions relating to COVID-19 were no longer relevant at the time of this inspection. However, the manager confirmed that a review of the restrictions had been carried out following the inspection on 11 July 2022. This area for improvement was assessed as being met.	

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 were systems in place to ensure staff were trained and supported to do their job. A range of mandatory training was available as well as additional relevant training. Discussion with the manager and review of training records confirmed that pertinent staff had undertaken training in the management of patients with Parkinson's Disease.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

A schedule was in place to ensure staff were provided with regular sessions of supervision and an annual appraisal.

Staff said that teamwork was good and they felt well supported by the manager.

It was noted that there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way. Staff were seen to treat patients with compassion, respect and kindness.

Visiting professionals said that there was good communication with the staff in the home and that they were happy with the care that was delivered to the patients there.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients in a discrete and polite manner.

Patients' needs were assessed at the time of their admission to the home. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

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.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, crash mats and alarm mats.

Care records accurately reflected patients' needs if they had a wound and care records relating to wound care were well maintained.

Patients who are less able to mobilise require special attention to their skin care. Care records included details regarding the type and setting of the mattress in use. Discussion with staff confirmed that these patients were assisted to change their position regularly. However, examination of repositioning records evidenced gaps in recording. Further deficits in record keeping were noted following review of personal care and hourly patient check records. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. There was evidence that staff took appropriate action in the event of a fall in line with the current regional guidance in this area.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Some daily evaluations were noted to be quite repetitive and to lack detail. This was brought to the attention of the manager for information and appropriate monitoring and action. This will be reviewed at the next inspection. The outcome of visits from healthcare professionals was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients were comfortably seated in their preferred location for the meal and an up to date menu was on display in suitable formats. The atmosphere was relaxed and unhurried.

The serving of lunch was seen to be well organised. The food looked and smelled appetising and there was a choice available. Staff demonstrated their knowledge of patients likes, dislikes and preferred portion sizes. Patients were offered a variety of drinks with their meal.

Staff were seen to assist patients with the level of support they required throughout the meal time; this ranged from simple encouragement through to full assistance.

It was observed that the majority of drinks were served in polycarbonate tumblers. Several of these tumblers were noted to be clean but discoloured and there was a lack of choice for patients who might prefer drinking from a glass tumbler. A few teacups were also noted to show signs of wear and tear. This was brought to the attention of the manager for information and appropriate action. Following the inspection, the manager confirmed that additional glass tumblers and teacups had been purchased and that patient preference would be catered for following risk assessments where necessary.

Records were kept of what patients had to eat and drink daily. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. There was evidence recorded of the action taken by registered nurses in response to weight loss.

Patients said they enjoyed the food in the home and were happy with the choices available. Comments included that lunch was "just lovely" and "delicious".

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. The manager confirmed that a redecoration plan was in place; patients' bedrooms were redecorated as necessary, two shower rooms had recently been refurbished and new lounge furniture and curtains were on order.

The majority of bedrooms were attractively personalised but a small number were seen to lack a personalised touch. This was discussed with the manager who explained that staff encouraged patients and relatives to bring in sentimental and personal items but that patients' choice regarding the degree of personalisation of their room was respected. The main communal areas were comfortable, tidy and welcoming spaces for patients.

The following issues were observed in the general unit of the home; a fire exit was partially obstructed as bedroom furniture had been temporarily moved into the corridor while the room was being redecorated; a domestic trolley, which was stocked with cleaning fluid, was not adequately supervised; a registered nurse was seen to briefly leave a medication trolley unlocked and unattended. These incidents posed a potential risk to patients' health and wellbeing and were discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager and an area for improvement was identified.

Discussion with domestic staff identified gaps in their knowledge regarding the recommended dilution of cleaning agents. This was brought to the attention of the manager for information and appropriate action. Following the inspection, the manager confirmed that relevant training had been provided in this area.

Discussion with staff and review of records confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE; other staff were observed to not manage laundry and clinical waste appropriately. This was discussed with the manager and an area for improvement was identified.

Patients said that they were satisfied that the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Staff were seen to offer patients choices throughout the day regarding, for example, when to get up out of bed, what they would like to eat and drink and whereabouts they preferred to spend their time.

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. An isolated incident, where a staff member could have engaged more effectively with a patient, was discussed with the manager who agreed to address this through supervision with the staff member concerned.

The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week of the inspection included one to one room visits, guitar playing and sing-a-longs, watching movies, a quiz, bingo, table top games, arts and crafts and sensory light and music therapies.

Patients had recently celebrated a Harvest Festival in the home, which was attractively decorated to reflect the season. Patients birthdays were celebrated. Pet therapy was organised on a regular basis; staff said the patients really enjoyed this.

Patients' spiritual needs were catered for with opportunities for hymn singing and church services in the home.

A cookery demonstration, given by the two activity therapists, was observed and it was great fun. The activity therapists ensured that all the patients present felt included and they skilfully incorporated an element of reminiscence into their demonstration. Patients talked about their food likes and dislikes, their memories of baking and cooking and their favourite recipes. Patients also very much enjoyed eating the baked apple slices they helped to make.

Patients were provided with headphones for a 'silent disco'. The activity therapists said this was really popular with the patients who preferred not, or were unable, to leave their bedrooms. Patients who were using the headphones were observed to be singing along and were obviously enjoying the experience.

Regular patient meetings were held to provide an opportunity for them to comment on aspects of the running of the home, such as, meals and activities. Records of these meetings were maintained.

Staff recognised the importance of obtaining a life history for patients in order to help ensure that activities were meaningful and positive. Patients and their relatives were consulted with regarding hobbies, interests and life experiences. Regular workshops were offered for relatives to aid in the completion of life history records.

However, examination of records evidenced that individual activity assessments and associated person centred activity care plans were not always in place in a timely manner. It was unclear from examination of a selection of activity care plans if registered nurses had oversight of each monthly evaluation. This was discussed with the manager who confirmed they will review the oversight of activity care plans with the deputy managers. Given these assurances, progress in this area will be reviewed at a future care inspection.

It was positive to note that patient and relative satisfaction surveys had been carried out by the management team. The results of the surveys were on display for information.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Tracey Palmer has been the Registered Manager in this home since 16 August 2019. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager, or delegated staff members, completed regular audits to quality assure care delivery and service provision within the home. The quality

of the audits was generally good, although, given the inspection findings further work is required regarding the IPC audit. The hand hygiene audit tool in use did not specify what tasks staff were undertaking at the time of observation. This was discussed with the manager who agreed that a more robust audit tool would be sourced and introduced. The manager will also monitor staff use of PPE and hand hygiene to ensure that training is embedded into practice.

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 adults at risk of harm.

There was a system in place to manage complaints. The manager told us that the outcome of complaints was shared with the staff team as an opportunity for them to learn and improve.

A review of records of accidents and incidents in the home evidenced that a small number of notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. This was discussed with a manager who agreed to audit the accident and incident records and submit notifications retrospectively. An area for improvement was identified. Retrospective notifications were submitted to RQIA following the inspection.

Relatives said that they knew who to approach if they had a complaint or a concern. One relative consulted with confirmed that satisfactory action had been taken in response to their concern.

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, there was evidence that 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 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracey Palmer, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the home is kept free from hazards and avoidable or unnecessary risks. This includes, but is not limited to, ensuring that fire exits are unobstructed, domestic trolleys are kept under supervision and medication trolleys are not left unlocked and unattended. Ref: 5.2.3
	Response by registered person detailing the actions taken: The above areas have been discussed with all staff under supervision. A Registered Nurse Meeting was also held 14.12.2023 and addressed, Nurses also to have oversight while on shift. Home Manager will also spot check during walkabouts
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that infection prevention and control issues are managed to minimise the risk and spread of infection. This includes, but is not limited to, the correct use of PPE at appropriate times and staff knowledge and practice regarding hand hygiene. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has discussed identified areas at Registered Nurse meeting 14.12.23. Staff have all received supervision. Enhanced audits on PPE and Hand Hygiene have been introduced to embed knowledge into practice. Further PPE and Hand Hygiene training is scheduled for Mid - January 2024 with the Trust IPC team.

<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The requested reports were sent retrospectively, following inspection. Home Manager will ensure that all reports are sent in a timely manner</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that accurate and up to date records are maintained regarding completion of repositioning, personal care and hourly room check records.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Meetings with staff have taken place to address the above areas. Supervisions have been completed with all care staff and Registered Nurses have been reminded to conduct spot checks and record those checked on shift report. Registered Manger during walkabouts will check compliance.</p>

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