

**Unannounced Care Inspection
of
Sandringham**

5 & 6 November 2015

1. Summary of Inspection

An unannounced care inspection took place on 5 November 2015 from 19:30 hours to 23:30 hours and 6 November 2015 from 09:40 hours to 11:40 hours.

This inspection was undertaken in response to anonymous complaints received by RQIA. The concerns were in relation to the supervision of patients and staffing in the dementia unit in the evening time.

At the time of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 14 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Adrian Moriarty, registered manager and Mrs Heather Murray, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Maureen Claire Royston	Registered Manager: Adrian Moriarty
Person in Charge of the Home at the Time of Inspection: Registered nurse Hayley Smith – 5 November 2015 Registered manager Adrian Moriarty – 6 November 2015	Date Manager Registered: 1 April 2005
Categories of Care: NH-I, NH-PH, NH-DE	Number of Registered Places: 63
Number of Patients Accommodated on Day of Inspection: 60	Weekly Tariff at Time of Inspection: £593.00

3. Inspection Focus

In July 2015, RQIA received two anonymous complaints regarding the provision of activities in the home, staffing levels, poor manual handling practices, patient supervision and general care practices. The issues were in the dementia unit. At that time, Four Seasons Health Care (FSHC) and the Southern health and social care trust (SHSCT) investigated the issues and provided a written response to RQIA. We were satisfied with the outcomes of the investigation and with the assurances given of the action taken.

On 30 September 2015, RQIA received a further anonymous complaint raising concerns with regard to staffing and care delivery in the evening time in the dementia unit. The caller was advised to contact the health and social care trust who commission care to raise their individual concerns.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an unannounced inspection would be undertaken in the evening time to review the following areas throughout the home:

- staffing
- supervision arrangements for patients
- general delivery of care

An earlier date for the inspection was identified in October 2015. However, due to an infectious outbreak in the home, the inspection was postponed and rescheduled.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- discussion with patients
- discussion with relatives
- observation of care delivery
- review of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection
- the previous care inspection report and QIP.

During the inspection, the inspector met with four patients individually and with the majority generally, three registered nurses, four care staff and thirteen patient relatives.

The following records were examined during the inspection:

- staff duty rota
- care records
- records of activities.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 11 August 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection.

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 46 Stated: First time	It is recommended that medical equipment is checked daily, and decontaminated as required, to prevent equipment becoming malodorous.	Met
	Action taken as confirmed during the inspection: Equipment in use was observed to be clean and there were no malodours noted throughout the inspection.	
Recommendation 2 Ref: Standard 39 Stated: First time	It is recommended that training for registered nurses in relation to communicating effectively to identify end of life care needs is provided.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that training took place on 22 October 2015 and that further dates were arranged with nursing staff identified to attend.	

Recommendation 3	It is recommended that when the updated Palliative and End of Life Care manual is issued that staff receive an induction/training on the content to ensure their knowledge and care delivery is reflective of best practice.	Met
Ref: Standard 32 Stated: First time	Action taken as confirmed during the inspection: The registered manager confirmed that the approved Palliative and End of Life Care manual has been issued. Training took place on 22 October 2015 with further dates arranged. The manual was observed to be available for staff in the home.	

5.3 Inspection Findings

5.3.1 Staffing

Information recently received by RQIA raised concerns regarding staffing levels and the supervision of patients related to a number of occasions when the staff member for the twilight shift, 16 00 hours to 22 00 hours, was not provided.

On the evening of the inspection, there was a member of care staff on each unit working 16 00 hours to 20 00 hours, the twilight shift. Staff spoken with confirmed that generally there was a member of staff rostered to work the twilight shift; however, if the identified staff member reported sick, there would be no one to cover. A review of three weeks staff duty rotas evidenced that the twilight shift was provided except on four occasions. Three of these occasions occurred during an outbreak of infection in the home when, due to staff sickness, the shift was changed.

Discussion with staff regarding working patterns and deployment evidenced that staff were aware of their areas of responsibility. Staff were knowledgeable regarding patients likes, dislikes and preferences for their night time routine.

Thirteen relatives were consulted over the two days of the inspection. Four relatives spoken with in the dementia unit raised concerns regarding staffing levels. They were of the opinion that additional staff were required to meet the needs of the patients and discussed a number of incidents which they believed were directly linked to staffing ratios. We spoke at length with these relatives and discussed the importance of raising their individual concerns with the management of the home and with the Southern Health and Social Care Trust (SHSCT) who were responsible for commissioning the care of their loved ones. The concerns raised by relatives were discussed with the registered manager at the conclusion of the inspection.

On the evening of the inspection, there was a calm atmosphere throughout the home and staff were observed attending to patients' needs in a timely manner. A review of the duty rotas evidenced that the planned staffing levels within the home were adhered to. Staff working practices and deployment are discussed further in section 5.3.2.

5.3.2 Supervision of Patients

Prior to the inspection, concerns were raised with RQIA that patients in the dementia unit were being left to sit for long periods in their bedrooms without the lights being turned on or the curtains closed; patients had also been observed sitting in the dark in the dining room. It was reported that during the hand over report for staff commencing duty at 20 00 hours, all of the staff were in the nurse's office which resulted in the patients being left unsurprised.

Dementia Unit

We arrived in the dementia unit at 19 30 hours. Patients were observed in the lounges or in their bedrooms as was their choice. A number of patients in their bedrooms had either a television or a radio turned on. The curtains were closed in the majority of the rooms and the lights were on. Staff spoken with explained that it was the responsibility of the staff to ensure that the curtains were closed and that bedrooms were ready for the patients who wanted to sit in their room or go to bed. Staff explained that the lights in the dining rooms would generally be switched off after the rooms had been cleaned and left ready for the next morning.

Staff were observed supervising patients in the lounges and in the bedrooms. However, on our arrival in the dementia unit, there was a large number of staff sitting in the nursing office. Staff must ensure the appropriate supervision of patients throughout their entire shift and during the hand over report. A requirement with regard to patient supervision has been made which includes the supervision of patients during staff handover reports.

As previously stated in section 5.3.1 we spoke with a total of thirteen relatives during the two days of the inspection. Two relatives spoken with were satisfied with patient supervision and that staff were available when required to assist patients. Five relatives raised general concerns regarding the supervision of patients in the evening. The concerns raised by relatives were discussed with the registered manager at the conclusion of the inspection.

RQIA did not observe any issues during the inspection regarding the supervision of patients in the dementia unit. However, due to the number of concerns raised by relatives in the dementia unit, it is required that the registered persons review the supervision of patients throughout the home.

General Nursing Unit

Whilst talking with patients in a lounge, it was noted that some patients were restless and calling out for assistance and there were no staff present. Staff did respond to the nurse call alarm and attended the lounge to reassure the patients. However, they left the lounge and returned to their previous duties. In a matter of minutes, the patients became restless again and required assistance. We were mindful that there was a medical emergency at the time of the inspection which impacted on staff time. However, two relatives spoken with reported that the practices observed during the inspection were normal practice. They spoke of a lack of supervision of patients and stated that regularly they had to alert staff to attend to patients who were restless and agitated and in their opinion, at risk of falling. A review of the supervision arrangements must be undertaken to ensure the health welfare and safety of patients. The review must consider the number of staff on duty and the deployment of staff. As previously discussed, this requirement includes the supervision of patients during staff hand over reports.

There was only one nurse call point in the lounge. One patient spoken with expressed concern that they could not access an alarm to alert staff if they needed assistance. It is recommended that the arrangements for patients to call staff for assistance in communal areas of the home is reviewed.

5.3.3 Care Practices

Throughout the home, patients were observed to be comfortable in their surroundings. A number of patients were in bed, some were in their bedrooms watching television or talking with visitors while others were in the lounges.

Supper was served from 20 00 hours. There was a choice of tea, coffee or a milky drink and a wide variety of breads and biscuits offered. Patients in the dementia unit were offered freshly made porridge.

General Nursing Unit

Four relatives were spoken with and were complimentary regarding the staff and the care their loved ones received. As previously discussed, concerns were raised regarding the supervision of patients and a requirement was made in section 5.3.2. There were no other issues raised.

Patients spoken with were happy living in the home and complimented the staff on the care they received. One patient discussed their care needs with the inspector and it was agreed that, due to the personal nature of their care, that the registered manager would be asked to meet with the patient in private. The registered manager confirmed that they had met privately with the patient on the morning of 6 November 2015, prior to the conclusion of the inspection.

Dementia Nursing Unit

In total, nine relatives were spoken with in the dementia unit, seven during the evening of the first day of inspection and two relatives during the morning of the inspection on day two.

Four of the relatives were satisfied with the staffing arrangements, the provision of activities and the standard of care in the home. No issues were raised.

We spoke at length with five relatives during the evening inspection who expressed general dissatisfaction with staffing, the supervision of patients, the provision of activities and communication within the home. The relatives confirmed that the issues discussed had been brought to the attention of the registered manager by the relatives group in the home but they remained dissatisfied with the action taken to date. During this inspection, we were unable to substantiate the issues raised. At the same time, these relatives acknowledged that the dementia unit was settled during this inspection. The role of RQIA and the SHSCT in managing complaints was discussed and it was strongly recommended that the relatives make contact with the relevant SHSCT key workers and to request an individual care management review.

The issues raised above were discussed with the registered manager and the regional manager who confirmed that communication was ongoing with a number of relatives. The role of the SHSCT in responding to complaints was also discussed with the registered manager and regional manager.

Following this inspection, RQIA were notified by the regional manager, Mrs Heather Murray, that care management reviews with the SHSCT had been requested by Four Seasons Health Care for the identified patients. It was agreed that RQIA would be notified when the care management reviews had been completed. A recommendation was made.

5.4 Additional Areas Examined

5.4.1 Provision of Activities

As a result of the issues raised by the five relatives, we met with the Personal Activity Leader (PAL) to seek assurances regarding the provision of activities in the home. The PAL explained that they work 30 hours per week, generally Monday to Friday, but that their working arrangements were flexible according to patient need. The PAL delivered activities in both units of the home. A weekly activity programme detailing the group activities planned was displayed in the home. The programme did not specify which unit the activity was scheduled for. The benefits of identifying which unit the activity was planned for were discussed with the PAL who agreed to consider including this information on the weekly schedule. Activities were also delivered on a 1 to 1 basis, depending on individual patient need.

Each patient had an individual record of the activities they participated in and the duration of the activity. Records also reflected when an activity was offered but the patient did not engage. A review of these records evidenced that patients were involved in a range of activities. Two relatives spoken were aware of the planned activities and those which their mother took part in and enjoyed, for example the church services, baking and the movie afternoons.

The PAL was knowledgeable regarding patients' interests and the level of their individual ability to participate. This ranged from active participation through to observing and engaging in conversation about the activity.

Activities were also delivered by care staff in the dementia unit each afternoon. These activities were based on the routine of the home, for example, folding laundry and setting tables. A record of these activities was maintained and included the names of those patients who had participated and the nature of the activity. Records reviewed did not evidence that these activities took place daily. This was discussed with the registered manager who agreed to discuss this with staff.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Adrian Moriarty, registered manager and Heather Murray, regional manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 13(1)(a) Stated: First time	<p>The registered person must ensure that a review of patient supervision is undertaken to ensure the health, welfare and safety of patients. The review must consider the number of staff on duty, the deployment of staff and the supervision of patients during staff hand over reports.</p> <p>The registered person must inform RQIA of the outcome of the review.</p>
To be Completed by: 3 December 2015	<p>Response by Registered Person(s) Detailing the Actions Taken: The current staffing levels have been reviewed and comply with the RQIA minimum standards. There are 5 staff rostered on each unit for pm shift with an additional staff rostered for twilight shift (4 - 10 pm). Night shift consists of 1 RN and 2 CA for each Unit. Staff allocation sheets have been amended to incorporate supervision of the lounges with particular emphasis on the time period between 17.00hrs and 22.00hrs. The allocation sheet identifies a member of staff responsible for checking each lounge room every 15 mins. This duty is normally allocated to the staff on the twilight shift. Staff have been instructed to complete paperwork in the lounge areas making them more visible and accessible to residents. Staff have been instructed to ensure that at least 2 members of staff are available on the floor for resident supervision during the handover period</p>

Recommendations

Recommendation 1 Ref: Standard 19.4 Stated: First time To be Completed by: 3 December 2015	<p>It is recommended that the arrangements for patients to call staff for assistance in the communal areas of the home is reviewed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A separate Nurse call bell system has been ordered for the lounge where only 1 existing nurse call bell is present. This will incorporate 4 mobile units, (nurse call bells) that can be moved around the lounge to where ever the residents are sitting at the time. We have been advised by the manufacturer that this new product, Ramble Gard Fall Prevention system, will be available in the New Year but they cannot at this time confirm a date.</p>
Recommendation 2 Ref: Standard 35.3 Stated: First time To be Completed by: 3 December 2015	<p>It is recommended that RQIA are notified when the identified care management reviews are completed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: 7/112/15. All 4 Care Reviews have taken place and issues identified have been addressed</p>

Registered Manager Completing QIP	Adrian Moriarty	Date Completed	8/12/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	18.12.15
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	29-12-15

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address