



Unannounced Care Inspection Report 9 September 2019



Sandringham

Type of Service: Nursing Home
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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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 63 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Tracey Palmer 16 August 2019
Person in charge at the time of inspection: Tracey Palmer - manager	Number of registered places: 63 comprising: 32 – NH - DE 31 – NH - I and PH
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: 60

4.0 Inspection summary

An unannounced inspection took place on 9 September 2019 from 07:25 to 14:15 hours. This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care and finance inspections and 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 delivery of care including activities and staff knowledge of their patients' care needs, wishes and preferences; and the general controls in place to safeguard patients' money and valuables.

There were no new areas for improvement made as a result of this inspection. However, two areas for improvement were stated for a second time in relation to the management of patient finances.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and 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	0	*2

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Palmer, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 15 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 October 2018. There were no areas for improvement identified and no further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance inspection outcomes, registration information, and any other written or verbal information received, for example, serious adverse incidents.

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

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

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.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 September 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 from 1 April 2019
- one staff recruitment and induction file
- seven patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate
- a sample of patients' written agreements and personal property records
- a sample of hairdressing and chiropody treatments provided to patients
- a sample of patients' personal expenditure authorisation documents.

Areas for improvement identified at the last 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 previous inspection(s)

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 (7) Stated: First time	The registered person shall ensure that infection prevention and control measures are in place and monitored to ensure staff adhere to requirements.	Met
	Deficits identified and listed in section 6.4 must be addressed and monitored for sustained improvement.	
	Action taken as confirmed during the inspection: Observations, review of records and discussion with staff evidenced that this area of improvement had been met.	

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.

The manager confirmed the planned staffing levels for the home. We spoke with staff who confirmed that the planned staffing levels were met. We reviewed a sample of the staff duty rota from 2 to 15 September 2019. We confirmed that the planned staffing levels were achieved and that any short notice leave was 'covered' using bank or agency staff. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed that staff were expected to complete mandatory training and any other training planned.

Patients able to express their opinions said that they were well cared for and that staff were caring and kind. Patients unable to express their view were seen to be well groomed, relaxed and comfortable in their interactions with staff.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. One patient and four relatives returned their questionnaires. All indicated that they were very satisfied that care was safe and that there was enough staff to provide help. Additional comments recorded included:

"Sandringham is a wonderful place with wonderful, compassionate staff."

"Staff are excellent we have so much confidence in them."

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of breakfast and the lunchtime meals. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking. Discussion with the catering manager confirmed the quality control process for modified diets to ensure they were served at the correct consistency.

The home's environment was clean, tidy, and comfortably warm throughout. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness. General infection prevention and control (IPC) measures were in place. We observed at least two staff wearing nail polish. These staff were aware that they should not have come on duty with the nail polish on. The manager confirmed she had addressed this matter with the staff concerned and with all staff, after the inspection, to ensure IPC measures were adhered to. We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe.

We reviewed one staff recruitment record which confirmed that staff were recruited safely.

We also confirmed that a system was in place to ensure staff were competent and capable to do their job and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they had received training and were aware of their role in protecting patients from harm and how to report concerns.

We reviewed seven patients’ care records in relation to the management of risks to patients such as falls, weight loss, developing a pressure ulcer and swallowing deficits. Each record reviewed evidenced that risk assessments were completed and a care plan had been developed to manage the specific care need. Risk assessments and care plans were reviewed regularly and when the patient’s care needs changed, for example, when a patient experienced a fall.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

We spoke with patients regarding their experiences in the home. Patients able to express their opinion and views confirmed that they received the right care at the right time and that staff were caring and kind. Those who were unable to comment looked well groomed, comfortable and relaxed in their surroundings and in their interactions with staff.

Staff spoken with were aware of how to respond to patients’ nursing care needs, for example, what to do when a patient refused a meal, had a fall and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer.

We observed the serving of the breakfast and lunchtime meals. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Patients said that they enjoyed their meals and had “lots of tea and buns”. We saw that the majority of patients ate their meals in one of the dining rooms. However, patients could also choose to eat in their bedroom or in one of the lounge areas.

We reviewed the care of patients who required a modified diet and fluids to reduce their risk of choking. We were satisfied that patients received the correct food and fluid consistency prescribed for them. Staff were aware of the national changes to modified food and fluid descriptors and had attended update training.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed, from records, that mandatory training was planned and attendance monitored for all staff. Additional training was also provided to ensure patients’ needs were met. We saw that staff practised their training when delivery care. For example, we saw staff assist two patients to move using a hoist; their practice was safe and effective; the patient was relaxed and chatting with staff throughout the process.

We observed the handover report from night duty staff to day duty staff. Nursing and care staff attended the handover and provided the staff with details of any changes to the patient overnight

or from the previous day. At the conclusion staff were delegated their morning tasks and asked to report any concerns back to the senior carer or nurse.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge of the unit. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

We invited staff to complete an online questionnaire. We did not receive any responses.

During the inspection we spoke with two patients' family members. They were very satisfied that their loved ones were well cared for and they knew if they had any concerns they could raise these with the nurse in charge or with the manager. Comments made to the inspector included the following:

"First impressions of the home were very good; now they have turned into contentment for ...and me."

"Staff very approachable – knew what to do and when; we are content."

We also provided patient and family members with questionnaires to ask how they felt about the care they and/or their loved ones received. We received five responses. All indicated that they were very satisfied. Four of the five responses were from relatives who indicated that their loved ones received the right care at the right time, that staff knew about patients' care needs and that the care delivered met their expectations.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

When we arrived in the home at 07:25 hours patients were still in bed and only four patients were up, washed and dressed. Discussion with the patients and staff confirmed that this was their usual pattern/preference. Those awake had been offered a warm drink and a snack.

Patients told us that they were receiving good care from friendly, caring, respectful staff. That a variety of activities were organised daily by the home's activity leaders. Patients said they could choose to attend or not if they preferred.

Along with patients and staff the inspector participated in one of the home's regular radio shows, 'Gospel Gems'. Patients listened in using wireless earphones. This meant patients could listen in to the radio show wherever they were in the home. One of the relatives said their mother loved this and eagerly waited for the weekly radio shows of which there were two. Those gathered in the

foyer experienced the ‘presenter’ operating the computer and the ‘ON AIR’ light box added to authenticity. Patient evidently enjoyed this experience and gave and heard requests for songs along with ‘adverts’ for future events in the home. The activity therapist also said that they were able to use the headphones to assist visiting clergy to conduct their services and for singalongs or ‘silent dances’. The regular radio shows were also broadcast live on social media enabling relatives to participate and to send in requests for their loved ones. This was an excellent innovative event which was really enjoyable and the benefits for patients and their families were obvious. The home was commended for their efforts.

Staff spoken with said that they provided good care and that their patients were treated with dignity and respect. Observations of patient and staff interactions confirmed this was the case.

We also reviewed compliments/cards received which included the following statements:

“We would like to express our sincere thanks for the tender care and attention you all gave to our dear mother...”

“ to know ...was cared for right to the end was appreciated greatly”.

“Your kindness and exceptional care was always shining through. We know how complex your job can be and it was carried out perfectly.”

As stated previously we spoke with two patients’ families. They were all very satisfied that their loved one was well cared for and were complimentary regarding the staff and their experience of the care the home provided.

We also provided patient and family members with questionnaires to ask how they felt about the care they and/or their loved ones received. We received five responses. All indicated that they were very satisfied that their care was safe, effective and compassionate, and that the home was well led.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

Since the last care inspection there has been no changes to the management arrangements for the home.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

We found that audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager's evaluation of information from the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individuals' monthly quality monitoring reports from 1 January 2019 were available in the home.

Finance management

A review of a sample of patients' records was undertaken to validate compliance with the areas for improvement identified from the last finance inspection; these included copies of patients' written agreements, records of patients' personal property, treatments to patients by the hairdresser, podiatrist etc., and personal expenditure authorisation documents.

A review of these areas identified that three areas were met, one was partially met (in respect of how treatment records are maintained) and one area was not met (in relation to updating patient agreements to reflect up to date terms and conditions). The areas which are not fully met are stated in the QIP for the second time and require the urgent attention of the manager.

Areas for improvement

No new 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 Tracey Palmer, manager, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 14.13 Stated: Second time To be completed by: 10 September 2019	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager has discussed this with staff under recorded supervision and will continue to monitor compliance through the auditing process.</p>
Area for improvement 2 Ref: Standard 2.8 Stated: Second time To be completed by: 15 November 2019	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The FSHC new terms and conditions have not been distributed to the homes yet. Once these have been received these will be sent.</p>

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



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