

Inspection Report

11 July 2022



Sandringham

Type of Service: Nursing Home (NH)
Address: 24 Sandringham Court, Gilford Road,
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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 Limited Registered Person/s OR Responsible Individual Mrs Charmanine Hamilton	Registered Manager: Mrs Tracey Palmer Date registered: 16 August 2019
Person in charge at the time of inspection: Rochelle Barrera, Deputy Manager	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: 63
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 into two units on ground floor level. One unit provides specialist care for up to 32 patients with dementia. 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 11 July 2022 from 10.00 am to 6.20 pm, and was conducted by two care inspectors.

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

Areas for improvement identified at the last care inspection were assessed as being met.

The home was warm and clean, with a welcoming atmosphere. Patients were well presented in their appearance, comfortable in their surroundings, and staff had paid attention to patients' personal care needs.

Staff promoted the dignity and well-being of patients and were knowledgeable about individual patient preferences. Interactions between staff and patients were seen to be compassionate. Patients spoke in positive terms about staff and told us that they were generally happy living in the home. Some patients expressed feelings of loneliness and/or boredom during periods when the home was in outbreak. This is discussed further in section 5.2.4.

Areas for improvement were identified in relation to staff training, staffing arrangements, and reducing the risk of social isolation for patients during periods of outbreak.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

RQIA were assured that the delivery of care and services provided in Sandringham was safe, effective, and 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 Rochelle Barrera, Deputy Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 17 patients, ten staff, and two relatives.

Patients spoke positively about the care they received in Sandringham. They told us that staff were always pleasant and polite in manner towards them and that staff were usually available when they needed them. Patients described staff as, “wonderful”, “great”, and “very nice and helpful.”

Patients said that the food was “lovely” and “tasty”, and that they enjoyed a variety of meal choices each day. Patients were happy with the cleanliness of the home and the general environment. Patients talked about their feelings relating to the ongoing COVID-19 pandemic, with some patients telling us that they felt particularly affected during periods when the home was in outbreak, and that they missed seeing family and friends, and also spending time with fellow patients in communal areas. Patients were aware of the activities programme available to them and said that when they had activity sessions they enjoyed them immensely; however some patients felt that there was a lack of group sessions at times and that they would like to avail of more activities. This is discussed further in section 5.2.4.

Relatives said that they were “more than happy” with the care and services provided in the home. One relative compared their experience in Sandringham to other care facilities they had used in the past and said “this place is wonderful.” Relatives told us that staff were always helpful and that communication from the home was good. Relatives were aware of how to raise concerns and said that they had confidence that any issues raised would be dealt with appropriately. One relative talked about the activities provision in the home and said that “when the home isn’t closed due to COVID-19 there is great entertainment, cooking sessions, games, fundraising events...and lots of fun.”

Relatives knew who the manager was and said that they felt the home was well led.

One completed questionnaire was returned to RQIA. It was unclear if the feedback was from a patient or a relative. The questionnaire respondent indicated that they were unsure if they believed the care and services provided in the home to be safe. In relation to compassionate care they were satisfied that this was good. In relation to effective care or if they felt the service was well led the respondent indicated that they were not satisfied. The respondent opted not to include their contact details for RQIA to follow up on their views.

Staff spoke positively about working in Sandringham. New staff told us that they felt welcomed by the wider team and that they were provided with training and support from day one. Staff talked about good teamwork and effective communication between roles, departments, and management. Staff said that the management team were very supportive and approachable.

Staff spoke about good job satisfaction and said that patient welfare and comfort was their main priority each day. Staff spoke with pride about aiming to provide a high quality of care to patients.

Staff said that for the most part there was enough staff available to meet the patients’ needs. Staff on one particular unit said that they felt under pressure from late afternoon until evening time and that while patient safety was maintained during this time, they felt that they could not always provide the level of service to ensure patient comfort and reduce waiting times for patients. This is discussed further in section 5.2.1.

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 20 April 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that fluid intake management is documented clearly in individualised care plans. This should include: <ul style="list-style-type: none"> patients' expected daily fluid intake target what action to take if a patient is not meeting fluid intake target the threshold for taking action. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met,	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with patients. Staff new to post confirmed that as well as including basic essential training, the induction programme was catered to their individual learning needs and that induction timeframes could be extended if the employee felt that they needed further support. This was positive to note.

A monitoring system was in place to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, a range of training topics were available to staff via an eLearning system and the manager had good overview of staffs' compliance with essential topics such as safeguarding,

infection prevention and control, fire safety, and moving and handling of patients. Some training was provided through face to face sessions, including falls management, wound care, and nutrition. Staff had been provided with training specific to dementia care, however it was observed through discussions with staff and review of care records, that some staff had gaps in knowledge relating to some conditions experienced by patients, such as Parkinson's disease. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role. Nursing and care staff described good communication; and nursing staff said that they had confidence in care staff reporting their observations of patients and that they appreciated this. Care staff confirmed that they can approach the nursing staff or the management team at any time.

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. The duty rota gave clear instruction on management cover arrangements while the manager was on leave.

For the most part staff said that they were satisfied with the staffing levels in the home, however in one unit staff told us that they struggled to provide a timely response to patients in the evening. Some patients said that they noticed a longer waiting time for staff to respond to their call bells in the evening, but confirmed that staff did get to them eventually. Staff were observed to be busy during the day and to provide timely and compassionate care to patients. It was noted that from late afternoon in the general unit, staff were extremely busy and there was a noticeable increase in patients using their nurse call bells for assistance. This was discussed with the deputy manager who confirmed that staffing levels were determined and/or adjusted based on patients' dependency assessments. The home had recently reduced the staffing on this unit by removing a care assistant twilight shift. It was discussed that a review of these arrangements in conjunction with patient dependencies and nurse call bell system use may be required. An area for improvement was identified.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner. Staff demonstrated a good understanding of individual patients' preferences and routines.

Patients spoke highly of staff, describing staff as "wonderful", "lovely", "great", and "helpful." Patients who were able to use the nurse call system were seen to have call bells within easy reach.

Relatives told us that staff were "wonderful" and that there was good communication from the home to update relatives on their loved one's care and also on general topics to do with the running of the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff confirmed that adequate time was allocated to these handover meetings. Staff were knowledgeable about patients' needs, their daily routine, wishes and preferences. A diary was maintained on each unit to ensure important scheduled activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patient care, and staff were seen to check in with the nurse in charge throughout the day.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example staff were seen to knock before entering bedrooms, offer personal care in a discreet manner, and provide reassurance and/or distraction to patients showing early signs of distress related to dementia symptoms.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made. Records pertaining to how often staff assisted with repositioning were well maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were supported to use walking aids where required, specialist equipment such as bed rails or alarm mats were used, and staff were seen to assist patients with poor mobility.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff were seen to assist patients throughout the day with food and fluids. For the most part this was seen to be done in an unhurried manner, however in the general unit at the evening meal staff were seen to rush between patients' bedrooms in an attempt to provide drinks and/or assistance with the evening meal. This was touched on in section 5.2.1.

In the dementia unit some patients were seen to have their meals in communal dining rooms, which encouraged social interaction and increased staff supervision. In the general unit it was noted that all patients had their meals in their bedrooms. Discussion with staff and residents indicated that the main reasons for patients eating in their bedrooms was due to one of the communal dining rooms being painted and also to encourage social distancing due to COVID-19 outbreak. Staff and residents confirmed that patients usually have better choice in where they have their meals. Some patients said that they "miss the company" of fellow patients at meal times. Staff and the deputy manager confirmed that the rationale for social distancing related to COVID-19 risks. At the time of inspection the home was in outbreak status due to staff having tested positive. On assessment of the risks it was noted that no patients had tested positive and staff with a positive result were self-isolating at home. Current Department of Health (DoH) guidance would ask homes to complete dynamic risk assessments to determine the level of restrictions required for their facility when in outbreak. The opportunity to use communal spaces with smaller groups of patients socially distanced to alleviate some patients' feelings of social isolation was missed. This is also discussed in section 5.2.4. An area for improvement was identified.

Nutritional risk assessments were carried out to monitor for unplanned weight loss or gain using the Malnutrition Universal Screening Tool (MUST). Patients' weights were monitored at least monthly or more often if required. There was evidence of appropriate onward referral to specialist services such as dietetics and/or speech and language therapy (SALT).

Records were maintained of what each patient had to eat and drink daily.

Patients said that the food was “tasty” and that they had good choice. Meals were seen to smell and look appetising and portion sizes were generous. A range of snacks and drinks were available to patients throughout the day.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home’s environment included a sample of patients’ bedrooms, communal lounges and dining rooms, communal bathrooms, corridors, garden areas and storage areas. The home was warm, clean, bright, and welcoming, with no malodours.

Corridors were bright, clean, and free from clutter. There were homely touches such as small seating areas strategically placed and positioned with views to the enclosed gardens.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Fire extinguishers were easily accessible and fire doors were maintained free from obstruction. It was observed that furniture from a nearby room that was being decorated had been placed near an external fire exit. While the door was not fully obstructed there was potential for harm if an evacuation process was required. This was discussed and the furniture was removed immediately. The importance to ensuring contract workers to the home follow fire safety procedures was stressed.

Patients’ bedrooms were clean and tidy. Some bedrooms were well personalised with items of importance to each patient. It was observed that some bedrooms in the dementia unit had little or no personalisation or stimulation on the walls such as photos or paintings. This was discussed with the deputy manager who informed us that the home was in the process of a redecoration programme and that wall pictures had been removed from a lot of the bedrooms in preparation for painting. The redecoration programme was then interrupted because of the outbreak status in the home. The manager later provided assurances that all bedrooms would contain some visual stimulation on the walls once painted. This will be reviewed at the next inspection.

Systems and processes were in place to manage the risks associated with COVID-19 and other infectious diseases. At the time of inspection all visits were taking place at patients’ bedroom windows. This was discussed with the deputy manager as it was unclear if the decision to move all visiting to outdoors was made in line with the DoH Visiting in COVID-19 Outbreak: Guidance Algorithm, which had been updated and issued in May 2022. In light of some patients’ feedback about feelings of loneliness, as discussed in sections 4.0, 5.2.2, and 5.2.4, the deputy manager agreed to review the current arrangements to ensure all patients and relatives were aware of their choices around visiting during an outbreak, and the associated risks. This will be reviewed at the next inspection.

Review of records, observation of practice, and discussion with staff confirmed that effective training on infection prevention and control (IPC) and the use of personal protective equipment (PPE) had been provided and was embedded in practice. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home.

Staff compliance with hand hygiene and PPE use was monitored regularly by the management team through auditing systems. Records showed that environmental IPC audits were conducted regularly and any issues identified were addressed through an action plan.

Domestic staff confirmed that there was adequate domestic cover each day and said that they felt well supported to do their jobs through good communication with the head of housekeeping. Domestic staff said they had ample cleaning supplies and equipment.

Patients and relatives said that they were happy with the level of cleanliness in the home.

5.2.4 Quality of Life for Patients

Patients were encouraged to share their views and opinions on the running of the home through regular meetings and one to one sessions with the activities coordinators. Records showed that patient meetings took place at least quarterly and detailed who attended and/or which patients were consulted, details of topics discussed, and comments made. It was positive to note that patients were consulted on menu planning, activities planning, and were updated on the running of the home and current affairs.

An activities plan was in place and the activities coordinator confirmed that the usual programme had been adjusted due to the COVID-19 outbreak status of the home. The amended weekly programme included activities such as movie day, bingo, and a cook-along with small groups only. The programme mostly consisted of one to one sessions such as bedroom visits, play my favourite hymn or song, and beauty treatments. The activities coordinator confirmed that the majority of sessions were conducted one to one because of COVID-19. It was acknowledged that this impacted on the amount of time the activities coordinators could spend with each patient.

Patients said that they greatly enjoyed the activities that they got to participate in. Some patients said that they missed the group activities due to the amended programme and that they would like to avail of more activity sessions. This was discussed with the management team and it was anticipated that following a review of the DoH guidance on outbreak restrictions and further assessment of risk around use of communal areas, more group activities could be offered to those patients who wish to avail. This will be reviewed again at the next inspection.

As discussed in section 5.2.3 visiting arrangements in the home had been impacted by COVID-19. A number of relatives had availed of the DoH care partner initiative which allowed for ongoing indoor contact for those relatives and patients.

While some patients told us about their feelings of social isolation during certain times, all patients said that they were happy and content living in Sandringham.

5.2.5 Management and Governance Arrangements

There had been no changes to the management arrangements in the home since the last inspection. Mrs Tracy Palmer has been manager of the home since 30 March 2017, and registered with RQIA since 16 August 2019.

Discussion with staff confirmed that there was a good working relationship between staff and management. Staff described feeling supported and that the management team were approachable and checked in with staff daily. Staff also confirmed that they knew who was in charge in the absence of the manager and that they were aware of on-call arrangements for management.

Staff demonstrated an awareness of the safeguarding processes and an understanding of their roles and responsibilities in reporting any concerns they may have about patients, care practices, or the environment.

Patients and relatives said that they knew how to report any concerns and said they were confident that the manager would address any issues appropriately. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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, 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/or the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Rochelle Barrera, deputy 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 31 August 2022	<p>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.</p> <p>The registered person should undertake a review of the training needs of staff and consider specific conditions experienced by patients during this review.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Registered Manager with Nursing staff have undertaken a review of Residents individual conditions and where necessary completing training on specific conditions via their Elearning platform. Parkinsons training has been scheduled for 20th September 2022. Registered Nurses have also been made aware of training available to them from CEC.</p>
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 18 July 2022	<p>The registered person shall ensure that the evening staffing arrangements in the identified unit are reviewed.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager had completed a full review of CHES dependency tool prior to inspection and indicative staffing for the Residents assessed needs were satisfactory. We will continue to monitor dependencies and staffing in the identified unit.</p>
Area for improvement 3 Ref: Standard 5 Criteria 3 Stated: First time To be completed by: 18 July 2022	<p>The registered person shall ensure that arrangements relating to restrictions implemented due to COVID-19 are reviewed.</p> <p>This review should be completed in line with the current guidance and Department of Health (DoH) visiting during an outbreak algorithm.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Sandringham Care Home is following the most recent and up to date guidance on visiting pathway issued by the Department of Health. As further changes occur Residents, Relatives and Staff will be updated.</p>

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