

Unannounced Care Inspection Report 15 January 2018



Sandringham

Type of Service: Nursing Home

Address: 24 Sandringham Court, Gilford Road, Portadown, BT63 5BW

Tel No: 028 3839 4194

Inspector: Sharon Mc Knight

www.rgia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 62 persons.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston | Registered Manager: See box below. |
| Person in charge at the time of inspection: Tracey Palmer | Date manager registered: Tracey Palmer – manager- application to register in progress. |
| 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 registered places: 62 A maximum of 32 in category NH-DE. |

4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 10:15 to 15:30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, the environment. There were examples of good practice found throughout the inspection in relation to assessing patient need and care planning, the culture and ethos of the home and listening to and valuing patients.

Areas requiring improvement under the standards were identified with the management of odours in a bedroom and with the care plans for patients identified as at risk of choking.

Patients said they were happy living in the home.

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 | 3* |

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

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 25 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 13 patients and six staff. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 15 January 2018
- incident and accident records
- four patient care records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care 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 the most recent inspection dated 25 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 & 14 September 2017

| 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 30(1) Stated: First time | The registered person shall ensure that RQIA are informed of any accident which results in a head injury or where medical advice is required. | Met |
| | Action taken as confirmed during the inspection: A review of the accident reports completed from November to December 2017 evidenced that RQIA had been appropriately notified. This area for improvement has been met. | |

| | | |
|---|--|-------------------|
| <p>Area for improvement 2</p> <p>Ref: Regulation 13(a)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that proper provision is made for the nursing, health and welfare of patients.</p> <p>Catheters must be changed in accordance with the prescribed frequency.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>We reviewed the management of catheter care for two patients. Records evidenced that catheters had been changed in accordance with the prescribed frequency. Systems were in place to ensure compliance was maintained. This area for improvement has been met.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Regulation 12(1b)</p> <p>Stated: First time</p> | <p>The registered person shall review the use of keypad locks to exit the general nursing unit in conjunction with the DOH Deprivation of Liberty safeguards (DoL) and the home's registration categories.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The manager explained that the review into the provision of the identified keypad was ongoing. The issue was due to be discussed at the relatives meeting which took place on 1 November 2017; as no relatives from the general nursing unit attended this discussion did not take place. The manager confirmed that relatives, and regular visitors to the unit were provided with the code. Currently there are no patients in the home who are independently mobile; the manager explained that, any patient who requests to leave via the front door would be facilitated to do so by staff. We were assured by discussion with the manager that the review was ongoing and that currently patients' liberty was not being compromised. This area for improvement has been met.</p> | | |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
|--|--|--|
| Area for improvement 1 Ref: Standard 38.3 Stated: First time | The registered person shall ensure that before making an offer of employment any gaps in employment history are explored and explanations recorded. | Carried forward to the next care inspection |
| | Action taken as confirmed during the inspection: The manager explained that no staff have been recruited since the previous inspection therefore this area for improvement has been carried forward to the next care inspection. | |
| Area for improvement 2 Ref: Standard 4 Stated: First time | The registered person shall ensure that any changes identified following review of assessments are reflected in the corresponding care plan. | Met |
| | Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met. | |

6.3 Inspection findings

6.4 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 daily staffing levels for the home. A review of the staffing roster for week commencing 15 January 2018 evidenced that planned staffing levels were adhered to. In addition to registered nursing and care staff, the manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily. No concerns regarding staffing provision within the home were raised during discussions with patients and staff. We also sought relatives and staff opinion on staffing via questionnaires. Seven questionnaires were returned from relatives prior to the issue of this report. All of the respondents were satisfied that there were enough staff to provide help and that they could talk to staff if they were concerned.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms and the lounge and dining room. With the exception of one identified bedroom the home was found to be warm, fresh smelling and clean throughout. The management of odours in one bedroom was discussed with the manager; it was agreed that they would review the issue further and take appropriate action to eliminate the odour. This was identified as an area for improvement under the standards. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, and the home’s environment.

Areas for improvement

An area was identified for improvement in relation to the management of odours in one identified bedroom

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care effective?

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

Review of four patient care records evidenced that a comprehensive assessment and range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

We reviewed the management of swallowing for two patients in the dementia unit. Choking risk assessments were in place and reviewed regularly. Both patients were assessed as at high risk of choking. Care plans were in place; however the level of supervision required was not established. This was identified as an area for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessing patient need and care planning.

Areas for improvement

An area for improvement was identified with care plans for patients identified as at risk of choking.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.6 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.

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following comments were received:

"I am well looked after."

"I am happy that I am well looked after."

We observed the serving of lunch in the dementia unit. Patients had a choice to either come to the dining room for lunch or have lunch in their bedroom or in the lounge. Tables were set with cutlery and napkins and a selection of condiments. The menu was clearly displayed in both a written and pictorial format. Patients who remained in their bedrooms had their meals served on a tray; we observed that the meals were covered. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance. It was good to note that the cook visited the dining room during lunch to check if the patients were satisfied with their meal. All of the patients spoken with enjoyed their lunch.

The Personal activity leader (PAL) informed us of a recent initiative entitled "Me and my care" which is designed to provide staff with relevant information to assist new patients to settle into the home. The PAL explained that, where possible, they attend the pre-admission assessment visit to talk to the prospective patient and/or their relatives and identify actions/approaches which would potentially help the person adapt to their new living arrangements. Following on from this on admission the PAL works with the patient and/or their relative to get to know more about their life, their current interests; they are also encouraged to bring in memorabilia and photos to enhance their bedroom and make it their own. The PAL spoke positively of these new initiatives and how they have impacted on the life's of the currently patients.

Questionnaires were issued to relatives, seven were returned prior to the issue of this report. All of the relatives indicated that they were satisfied with care across the four domains of safe, effective and compassionate care and that they service was well led. The following additional comment was received:

“Our ... has settled in well and her condition has improved due to the effective and thoughtful care provided by the staff.”

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 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.

Discussion with the manager and observation of patients evidenced that the home was operating within its' registered categories of care. Two registered nurses spoken with demonstrated a sound understanding of the registered categories of care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. We discussed the current management arrangements and the manager confirmed that they would remain as the manager on a permanent basis. The manager confirmed that they intend to complete an application to RQIA to register as the manager. A review of the duty rota evidenced that the manager's hours were recorded. A registered nurse was identified to take charge of the home when the manager was off duty.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA from September to December 2017 confirmed that these were appropriately managed. The assistant manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of the accident reports completed from November to December 2017 evidenced that RQIA had been appropriately notified. The manager had systems in place to ensure they had oversight of the recording and management of accidents.

A review of records evidenced that monthly monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the operation of the home operating within its' registered categories of care and governance arrangements.

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 Care Standards for Nursing Homes (2015).

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 12 February 2018</p> | <p>The registered person shall ensure that the management of odours in the identified bedroom is reviewed and necessary action taken to eliminate the malodour.</p> <p>Ref: Section 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Registered manager addressed this following inspection and will continue to monitor and manage odours during the daily walk about.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 12 February 2018</p> | <p>The registered person shall ensure that care plans for patients identified as at risk of choking include the level of supervision required.</p> <p>Ref: Section 6.5</p> |
| | <p>Response by registered person detailing the actions taken: Registered manager conducted a review of patients with the Registered nursing staff and for those identified at high risk a care plan is in place and includes the level of supervision required. This includes patients who prefer to have their meals in their own rooms on occasion.</p> |

Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next care inspection.

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 4 October 2017</p> | <p>The registered person shall ensure that before making an offer of employment any gaps in employment history are explored and explanations recorded.</p> <p>Ref: Section 6.2</p> |
| | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next care inspection.</p> |

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



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