



# Unannounced Care Inspection Report 19 September 2018



## Sandringham

**Type of Service: Nursing Home (NH)**  
**Address: 24 Sandringham Court, Gilford Road,  
Portadown, BT63 5BW**  
**Tel No: 02838394194**  
**Inspector: Lyn Buckley and Linda Parkes**

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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.

## 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 63 persons.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Four Seasons Health Care<br><br><b>Responsible Individual:</b><br>Dr Maureen Claire Royston  | <b>Registered Manager:</b><br>See below   |
| <b>Person in charge at the time of inspection:</b><br>Tracey Palmer - manager  | <b>Date manager registered:</b><br>Tracey Palmer - application to register received         |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia.<br>PH – Physical disability other than sensory impairment. | <b>Number of registered places:</b><br>63 comprising:<br>32 – NH - DE<br>31 – NH - I and PH |

### 4.0 Inspection summary

An unannounced inspection took place on 19 September 2018 from 11:30 to 15:40 hours and on 20 September 2018 from 10:55 to 16:00 hours.

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, staff recruitment, staff training, safeguarding and risk management; record keeping and effective communication. We also evidenced good practice in relation to the culture and ethos of the home, listening to and valuing patients and their relatives, the provision of activities, governance arrangements, quality improvement and maintaining good working relationships. The provision of activities for patients was commended.

One area for improvement was identified in relation to infection prevention and control measures.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

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 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2018. 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
- the registration status of the home.

During the inspection we spoke with 11 patients individually and with others in small groups, two patients' relatives, eight staff and one visiting healthcare professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rota for all staff from 10 to 23 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018
- incident and accident records from 1 April 2018
- two staff recruitment and induction files
- five patient care records which included supplementary charts such as food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record for 2018
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 April 2018.

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 15 January 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 15 January 2018

| Areas for improvement from the last care inspection                                     |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015)   |  | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 44<br><b>Stated:</b> First time   | The registered person shall ensure that the management of odours in the identified bedroom is reviewed and necessary action taken to eliminate the malodour.             | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Observations and discussion with the manager evidenced that this areas for improvement had been met.          |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 4<br><b>Stated:</b> First time    | The registered person shall ensure that care plans for patients identified as at risk of choking include the level of supervision required.                              | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of care records and discussion with the manager evidenced that this area for improvement had been met. |                          |
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 38.3<br><b>Stated:</b> First time | The registered person shall ensure that before making an offer of employment any gaps in employment history are explored and explanations recorded.                      | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of two staff recruitment records evidenced that this area for improvement had 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 and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 10 to 23 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. However, there were no responses received before the issuing of this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Sandringham. We also sought the opinion of patients on staffing via questionnaires. We received one questionnaire before the issuing of this report. The respondent did not indicate if they were a patient or a relative however they recorded that they were very satisfied that there was enough staff.

We spoke with two patients' relatives who did not raise any concerns regarding staffing levels. The relatives were complimentary regarding the care their loved ones received. We also sought relatives' opinion on staffing via questionnaires. However, none were returned before the issuing of this report.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) and the Northern Ireland Adverse Incident Centre (NIAIC) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. The manager also maintained an overview record to enable her to monitor the levels of compliance with face to face training and e-learning. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and the delivery of nutritional care during the mealtime observed.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records, observation of practices and discussion with the manager and staff evidenced that the risk of falls was proactively managed and post falls management was in place as required.

A review of the home's environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients spoken with were complimentary in respect of the home's environment. However, a number of concerns were identified in relation to infection prevention and control measures and practices as follows:

- the top of water taps were observed to be missing in a number of bathrooms and toilets
- the underside of three wash hand basins required to be cleaned thoroughly. Staff were asked to check other wash hand basins throughout the home
- one shower chair examined required to have the underside of the seat cleaned. staff were asked to check other patient equipment and reminded to ensure patient equipment was effectively cleaned between patients
- an upright standard fan observed in a patients bedroom was very dusty and required to have the blades cleaned. Staff were reminded to check other fans in use throughout the home.

An area for improvement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction.



A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats; and for nutritional needs such as weight loss or modified diets. There was also evidence of consultation with relevant persons.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and risk management.

**Areas for improvement**

The following areas were identified for improvement in relation to infection prevention and control.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

**6.5 Is care effective?**

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, wounds, pressure area care and falls. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as, General Practitioners (GPs), Speech and Language Therapists (SALT), Tissue Viability Nurse (TVN) and Dieticians. Supplementary care charts such as food and fluid intake records and repositioning charts evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed when recommendations made by other healthcare professionals had changed. We had the opportunity to speak with a SALT who confirmed that staff were knowledgeable and adhering to the correct terminology to describe modified diets and thickened fluid.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with relatives

within the care records. Relatives spoken with confirmed they were kept informed regarding any changes in their loved ones' care.

Patient and relatives spoken with expressed their confidence in raising concerns with the home's staff or management.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between patients, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

#### 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.**

When we arrived in the home on 19 September 2018 at 11:30 hours we were greeted by staff who were helpful. Patients were observed relaxing in their bedroom or in one of the lounges. Staff were assisting patients to enjoy their chosen activity and some patients were finishing their mid-morning tea/coffee. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff spoken with and observed delivery of care demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Photographs of previous activities were displayed on notice boards throughout the home.

Recently patients, relatives and staff had planned and participated in a 'copy' of the recent royal wedding. Staff, patients and relatives dressed up and played various roles with the manager playing the Queen, a nurse playing the bride and one of the catering staff playing the groom; others observed the ceremony as wedding guests. Patients and staff said they really enjoyed their day. In addition patients and staff had written to Buckingham Palace offering their congratulations to the "happy couple" and had received a letter of thanks in response. On day two of the inspection we observed a number of patients enjoying a baking session while other patients relaxed listening to music. Patients told us about their "Tuck Shop" which was an old medicine trolley adapted into a mobile shop to provide patients with the opportunity to purchase sweets, snacks, drinks, toiletries or small gifts. Also in preparation for Christmas the manager

and activity therapist had arranged for those patients with younger children in their family to “build a teddy bear” as a gift. The provision and efforts made in relation to activities was commended.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in the dementia unit on day one of the inspection. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Wish to express our appreciation and pay special thanks to [the manager]... who hosted, along with staff, the recent family BBQ.”

“I don’t have words to express my gratitude... Thank you so much to each of you for every moment, every craic and every crazy day.”

“To the staff and workers... Thank you very much for taking good care of ...you are all very thoughtful.”

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 11 patients individually, and with others in smaller groups, confirmed that living in Sandringham was a positive experience. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As stated previously discussion with two patients relatives confirmed that they were happy with the care their loved ones’ received. One relative who stated they were “very happy” regarding the care of their loved one described how staff had prepared their loved one for a visit from a relative from Dublin and had provided the family with afternoon tea. Their loved one and the visiting relative thoroughly enjoyed their time together and the family appreciated the efforts the manager and staff had gone to make this possible.

We spoke with eight staff over the course of the inspection. The views of staff and comments made have been recorded throughout this report. Staff were invited to complete an on line survey, however we had no responses before the issuing of this report.

Any comments from patients, patient relatives and staff in returned questionnaires or on line responses received after the issue of this report will be shared with the manager for their information and action as required.

### **Areas of good practice**

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

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. An application for the manager's to register with RQIA was received and registration is pending. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the manager with an overview of the management of infections, wounds and falls occurring in the home.

Discussion with the manager and review of a sample of records from 1 April 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 Nursing Homes Regulations (Northern Ireland) 2005

|   |   |
|---|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate action required.</p> | <p>The registered person shall ensure that infection prevention and control measures are in place and monitored to ensure staff adhere to requirements.</p> <p>Deficits identified and listed in section 6.4 must be addressed and monitored for sustained improvement.</p> <p>Ref: 6.4</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager reviewed all the underside and pipework of all sink units with maintenance person. All required works identified are now completed and will be monitored monthly going forward. The identified fan was cleaned following feedback on day one of inspection. Prior to inspection the Registered Manager had identified a Shower chair needing replaced during a daily walkabout audit. This was ordered and received 21.09.18. The tops of the water taps are currently being replaced by the Maintenance Person.</p> |

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



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