



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

<b>Name of Establishment:</b>	<b>Collegelands</b>
<b>Establishment ID No:</b>	<b>1480</b>
<b>Date of Inspection:</b>	<b>02 July 2014</b>
<b>Inspector's Name:</b>	<b>Heather Moore</b>

**General Information**

<b>Name of Home:</b>	Collegelands
<b>Address:</b>	Lislasly Road Aughanlig Dungannon BT71 6SR
<b>Telephone Number:</b>	028 3889 1487
<b>E mail Address:</b>	info@collegelandnursinghome.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Roughan Care Ltd Mr Patrick McAvoy
<b>Registered Manager:</b>	Mrs Ann Keppler, Manager
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Ann Keppler (registration pending)
<b>Categories of Care:</b>	NH-DE, NH-I, NH-PH, NH-PH(E)
<b>Number of Registered Places:</b>	26
<b>Number of Patients Accommodated on Day of Inspection:</b>	26
<b>Scale of Charges (per week):</b>	£581.00
<b>Date and type of previous inspection:</b>	Tuesday 05 November 2013 Primary Announced
<b>Date and time of inspection:</b>	Wednesday 02 July 2014 08.35 hours -11.05 hours
<b>Name of Inspector:</b>	Heather Moore

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### **1.1 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### **1.2 Method/Process**

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

- Discussion with the manager
- Discussion with staff
- Discussion with six patients individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of a sample of staff personnel files
- Observation during a tour of the premises
- Evaluation and feedback

## **Previous Issues**

Prior to the inspection RQIA received anonymous verbal correspondence on one occasion expressing concerns in relation to the recruitment of staff in the home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

#### **STANDARD 24 - RECRUITMENT OF STAFF:**

**Staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.**

The inspector has rated the home's Compliance Level against each criterion of the standard and also against the standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **2.0 Profile of Service**

Collegelands was initially registered in September 1989 and provides care for a maximum of 26 patients. The registered provider is Mr Patrick McAvoy, Roughan Care Ltd.

The facility is located approximately 1.5 miles from Moy village and comprises of 12 single and seven double bedrooms, three with en-suite facilities, two sitting rooms, a visitors room, dining room, kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

There are well maintained gardens/grounds with suitable car parking facilities at the front and rear of the home.

The home is registered to provide care in the following categories of care:

Nursing DE – Dementia

Nursing I – Old age not falling within any other category

Nursing PH – Physical disability other than sensory impairment

Nursing PH (E) – Physical disability other than sensory impairment over 65 years.

## **3.0 Summary**

This summary provides an overview of the service during a secondary unannounced inspection to Collegelands. The inspection was undertaken by Heather Moore on Wednesday 02 July 2014.

The inspection commenced at 08.35 hours and concluded at 11.05 hours.

Prior to the inspection RQIA received anonymous verbal correspondence on one occasion expressing concerns in relation to the recruitment of staff in the home.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

The main focus of the inspection was to review Standard 24: Recruitment of Staff DHSSPS Minimum Standards.

Two requirements and four recommendations were made as a result of the previous inspection. Three recommendations were reviewed by the inspector and these were found to be fully complied with. The two requirements are carried forward to the next inspection of the home.

During the course of the inspection the inspector met with a number of patients individually and with others in groups. The inspector also met with a number of staff.

The inspector was welcomed into the home by Nursing Sister Mulgrew. Mrs Anne Keppler, Acting Manager was also available in the home on the morning of the inspection. Mrs Keppler has not been registered with the RQIA and for the purposes of this report Mrs Keppler will be referred to as the manager.

The inspector examined five staff personnel files, and reviewed three weeks staff duty rosters.

The staff files were maintained in accordance with legislative requirements and Standard 24 of the DHSSPS Nursing Homes Minimum Standards (2008).

Inspection of a sample of staff duty rosters confirmed that times of staff handover periods were not recorded. A recommendation is made in this regard.

## **Conclusion**

One recommendation is made in regard to recording times of hand over periods on staff duty rosters. Two requirements are carried forward from the previous inspection.

The inspector would like to thank the patients, manager, nursing sister, registered nurses and staff for their assistance and co-operation throughout the inspection.

#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17 (1)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <p>(A report on this review should be drawn up and a copy held in the home).</p>	This requirement was not reviewed during this inspection	Carried forward to the next inspection of the home.
2	20 (1)(c)(i)	<p>Staff as appropriate are required to be trained in the following areas;</p> <ul style="list-style-type: none"> <li>• Moving and handling</li> <li>• Fire awareness / fire drills</li> <li>• Record keeping-registered nurses</li> <li>• Restraint including the safe use of bedrail</li> </ul>	This requirement was not reviewed during this inspection	Carried forward to the next inspection of the home.



No.	Minimum Standard Reference	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that registered nurses are provided with designated time to undertake care planning duties in the home.	The manager informed the inspector that allocated time to undertake care planning duties was provided in the home.	Compliant
2	5.3	It is recommended that patients' wound observation charts be completed each time dressings are renewed.	This recommendation was not reviewed during this inspection.	Carried forward to the next inspection of the home.
3	30.1	It is recommended that a tissue viability nurse be nominated in the home.	A tissue viability nurse had been nominated in the home.	Compliant
4	30.5	It is recommended that the catering assistant staffing levels in the afternoons be reviewed with a view to increasing these	<p>Currently the cook is employed 09.30 hours to 18.00 hours. Two catering assistants are also employed from 08.00 hours to 14.00 hours.</p> <p>The manager informed the inspector that duty rotas and workloads had been reviewed and currently catering staffing levels are satisfactory.</p>	Compliant

**Section 5**

**STANDARD 24 - RECRUITMENT OF STAFF**

**Staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.**

<p><b>Criterion Assessed:</b> 24.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> Inspection of the home's policy and procedure for staff recruitment detailed the recruitment process. This policy and procedure complied with legislative requirements and DHSSPS guidance and was last reviewed in September 2013.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 24.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• The applicant's identity is confirmed</li> <li>• Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer</li> <li>• Any gaps in an employment record are explored and explanations recorded</li> <li>• Protection of Children and Vulnerable Adults checks and police checks are carried out (where applicants come from countries outside the United Kingdom, pre-employment checks are carried out with the national agency in the country of origin)</li> <li>• Criminal convictions are checked</li> <li>• Professional and vocational qualifications are confirmed</li> <li>• Registration status with NMC and /or any other relevant regulatory body is confirmed – nurses and midwives who have qualified outside the UK should also provide objective evidence of their capability for practice in the UK</li> <li>• A pre-employment health assessment is obtained</li> <li>• Where a home recruits staff from an Employment Agency or employs agency staff, the home must ensure that all relevant pre-employment assessments and checks have been carried out</li> <li>• Each individual's communication skills are assessed as appropriate for the job.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The Inspector examined five staff personnel files which revealed the following;</p>	<p>Compliant</p>

<ul style="list-style-type: none"> <li>• Photographic identification was available</li> <li>• Two written references, linked to the requirements of the job were obtained, one of which was from the applicant's most recent employer</li> <li>• There were no gaps in the employment records</li> <li>• Access Northern Ireland Checks with relevant registration numbers were in place</li> <li>• Professional and vocational qualifications of nursing staff were maintained</li> <li>• Registration status with NMC including the nurses PIN numbers with relevant expiry dates were recorded</li> <li>• Registration status of care assistants with the NISCC were recorded</li> <li>• Pre-employment health assessments were maintained</li> <li>• No agency staff were currently employed in the home.</li> </ul>	
<p><b>Criterion Assessed:</b> 24.3 In the case of a midwife registered with NMC, the following is evidenced:</p> <ul style="list-style-type: none"> <li>• A copy of the relevant statement of entry on an annual basis</li> <li>• That the midwife has notified his/her intention to practice with the local HSS Board responsible midwifery officer</li> <li>• That a supervisor of midwives has been identified for the individual midwife.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Not Applicable.</p>	Not Applicable
<p><b>Criterion Assessed:</b> 24.4 Records are kept of all the documentation relating to the recruitment process. Details of information obtained as a result of a POCVA check should be handled as per paragraph 5.9 of DHSSPS guidance "Choosing to Protect".</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Inspection of five staff personnel files confirmed that Access Northern Ireland checks were maintained with the relevant registration numbers in all of the five staff personnel files.</p>	Compliant.
<p><b>Criterion Assessed:</b> 24.5 Staff are issued with a written statement of main terms and conditions of employment, no later than thirteen weeks after appointment.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Inspection of five staff personnel files confirmed that staff were issued with a written statement of the main terms and conditions of employment no later than 13 weeks after appointment.</p>	Compliant

<b>Criterion Assessed:</b> 24.6 Job descriptions are issued to staff on appointment.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Inspection of five staff personnel files revealed that job descriptions were issued to staff on appointment.	Compliant
<b>Criterion Assessed:</b> 24.7 Patients, or where appropriate their representatives, are involved in the recruitment process where possible.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The manager informed the inspector that patients and or their representatives were not currently involved in the recruitment process.	Not compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **6.0 Additional Areas Examined**

### **6.1 Staffing/ Staff Comments**

On the day of inspection there were 26 patients in the home. Review of three weeks staff duty rosters revealed that the number of registered nurses and care staff rostered on duty were in accordance with the RQIA's recommended minimum staffing guidelines for day and night duty. A recommendation is made that times of staff hand over periods be recorded on the staff rosters.

During the inspection the inspector spoke to the staff on duty. Staff spoke positively in regard to the standard of care provided to the patients in the home and also in regard to their employment in the home. The following are examples of staff comments;

"I enjoy my work here"

"The standard of care here is good"

"Staffing levels here are okay".

### **6.2 Care Practices**

During the inspection staff were noted to treat the patients with dignity and respect. Good relations were evident amongst patients and staff.

Patients were well presented with their clothing suitable for the season.

### **6.3 Patients' Comments**

During the inspection the inspector spoke to three patients individually and to a number in groups. The following are examples of patients' comments;

"I am very happy here"

"The food is good"

"Everyone is kind".

### **6.4 Environment**

The inspector undertook an inspection of the home and inspected the majority of patients' bedrooms, sitting rooms dining rooms' bathroom and toilet facilities. The home presented as clean, warm and comfortable.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ann Keppler, Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Heather Moore  
The Regulation and Quality Improvement Authority  
Hilltop  
Tyrone & Fermanagh Hospital  
Omagh  
BT79 0NS**



## Quality Improvement Plan

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Ann Keppler, Manager during the inspection feedback.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	17 (1)	<p>The registered person shall introduce and ensure systems are maintained for the reviewing at appropriate intervals the quality of nursing and other services provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually. (A report on this review should be drawn up and a copy held in the home.)</p> <p><b>This requirement is carried forward from the previous inspection of the home.</b></p>	One	The registered person completes an annual quality improvement plan, which is available in the home	From the date of the previous inspection 05/11/13
2	20 (1)(c)(i)	<p>Staff as appropriate are required to be trained in the following areas;</p> <ul style="list-style-type: none"> <li>• Moving and Handling</li> <li>• Fire awareness/fire drill</li> <li>• Record keeping (registered nurses)</li> <li>• Restraint including the safe use of bedrails.</li> </ul> <p><b>This requirement is carried forward from the previous inspection of the home.</b></p>	One	Training continues to be provided on an on going basis	From the date of the previous inspection 05/11/13



**Recommendations**

**These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.9	It is recommended that times of staff handover periods be recorded on staff duty rosters.	One	Off Duty Rosters amended to include handover periods	One week

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Ann Keppler
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Patrick Mc Avoy

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Heather Moore	30 August 2014
Further information requested from provider			