

Inspection Report

25 May 2021



Collegeland Nursing Home

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Roughan Care Limited</p> <p>Responsible Individual: Mr Patrick McAvoy</p>	<p>Registered Manager: Mrs Ann Keeper</p> <p>Date registered: 14 August 2014</p>
<p>Person in charge at the time of inspection: Mrs Ann Keeper</p>	<p>Number of registered places: 34</p> <p>A maximum of 8 patients in category NH-DE</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 30</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 34 patients. The accommodation is on one level and patients have access to communal lounges, a dining room and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 May 2021 from 9.15 a.m. to 5.50 p.m. The inspection was carried out by a care inspector.

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

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives, visiting healthcare professionals and staff are included in the main body of this report.

Based on the findings of the inspection RQIA were assured that the delivery of care and service provided in the home was safe and compassionate. Areas for improvement were identified which will further enhance the effectiveness of care and management systems of the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager and the Responsible Individual were provided with details of the findings.

4.0 What people told us about the service

We spoke with 12 patients, both individually and in small groups, two relatives and eight staff. Patients said the staff were helpful and they felt well looked after but there could be more activities. Relatives said that everything was great. Staff said that teamwork was very good and they felt supported.

We received four completed questionnaires following the inspection. All the respondents indicated that they were very satisfied the care provided was safe, effective, compassionate and well led.

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 25 September 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Criteria (1) Stated: First time	The registered person shall ensure that the staffing arrangements in the home are reviewed to make sure that at all times there are sufficient staff on duty to meet the needs of patients.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff and review of the duty rota confirmed that staffing levels had been reviewed and increased to ensure there were sufficient staff on duty to meet the needs of patients.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that action plans developed identifying deficits from audits, are reviewed to ensure that the corrective actions have been completed.	Met
	Action taken as confirmed during the inspection: Review of audits evidenced that action plans were reviewed and signed once corrective actions had been completed.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with an induction programme to prepare them for working with patients in the home, this also included agency staff.

The manager confirmed that staffing levels had recently been increased and that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Staff told us that they were satisfied with current staffing levels and that they had noted a beneficial effect from the recent increase, especially in the evenings.

Staff received regular training in a range of topics, for example, moving and handling, infection prevention and control (IPC), adult safeguarding awareness and first aid. Review of training records and discussion with the manager evidenced that staff required face to face fire safety awareness and basic life support training. This was identified as an area for improvement.

Staff said that teamwork was good and that they felt well supported in their role by the manager who was very supportive and approachable.

It was observed that there were enough staff on duty to respond to the needs of the patients in a timely way. Patients said that staffing levels were generally good and that staff were helpful.

There were suitable systems in place to ensure staff were recruited properly and also to ensure that patients' needs were met by the number and skill mix of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

The manager was identified as the appointed adult safeguarding champion for the home with responsibility for implementing the regional protocol and the home's safeguarding policy.

Review of staff training records confirmed that all staff were required to complete mandatory training on adult safeguarding. Staff told us they were confident about reporting concerns regarding patients' safety and poor practice.

Some patients may be required to use equipment, for example, bed rails and alarm mats, that can be considered to be restrictive. Review of patient records and discussion with staff confirmed that the correct procedures were followed if restrictive equipment was required. Staff confirmed they had attended training regarding restrictive practices and how to ensure, if they could not be avoided, that best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions.

Staff were observed to effectively communicate with patients and to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. An example of this was observed in how staff cared for a patient who was upset and anxious. It was positive to see that they regularly reassured the patient and provided appropriate comfort and support. Staff were respectful, understanding and sensitive to the patient's needs.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping patients safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a selection of bedrooms, en-suites, the treatment room, storage areas, sluice room, dining room, lounges and bathrooms. The manager said that all the required safety checks and measures were in place and regularly monitored. The environment was clean, tidy and well maintained. Fire exits and corridors were clear of clutter and obstruction.

Patients' bedrooms were attractively decorated and personalised with items that are important to them, for example, family photographs, pictures, books and ornaments. Communal areas were well decorated, suitably furnished and comfortable. The lounges were well appointed and had been equipped with large TV's, books, magazines, jigsaws and art supplies for patients' enjoyment. There were 'homely' touches such as fresh flowers, scatter cushions and pictures of local beauty spots and landmarks on display. Music was playing or TV's were on throughout the home and the atmosphere was calm and relaxed.

Patients said that the home was always clean and tidy. Patients' relatives said the home was "spotless".

The sluice room door was observed to be unlocked; cleaning products within were potentially accessible to patients. This was brought to the manager's attention; they immediately ensured the cleaning products were removed to the correct secured storage area.

There were suitable systems in place to ensure that patients were comfortable and safe in the home.

5.2.4 How does this service manage the risk of infection?

The manager told us that systems and processes were in place to manage the risk of infection in the home. The home participated in the regional COVID-19 testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors had a temperature check and completed a health declaration when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Patients' relatives said that they had been provided with information regarding the use of PPE.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

There were suitable systems in place to manage the risk of infection in the home.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff had a handover at the beginning of each shift to discuss any changes in the needs of the patients. Patients' care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' care needs and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms or bathrooms and offered patients assistance in a discreet and thoughtful manner.

Patients who required assistance to change their position had this clearly recorded in their care records and repositioning records were well maintained. It was evident that staff assisted patients who were less able to mobilise to change their position regularly. Patients who had a wound also had this recorded in their care records and contemporaneous recording of wound care was maintained. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) if appropriate and were following any recommendations they had made.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, call bells were accessible and/or floor alarm mats were in use if recommended. In the event of a fall there was evidence that staff sought medical attention for patients if required. Review of care records and discussion with staff evidenced that neurological observations were not consistently recorded for 24 hours following a confirmed or suspected head injury. There was no rationale recorded to explain gaps in completion of the observations or the reason for stopping the observations. This was identified as an area for improvement.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The dining experience was an opportunity for patients to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. Staff recognised that good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

A Speech and Language Therapist (SALT) who was in the home told us that in their experience some staff seemed to be unfamiliar with nutritional recommendations and terminology. The comments made by the SALT were brought to the attention of the manager who assured us that all staff had received training in this area. Staff told us how they were made aware of patients' nutritional needs and confirmed that care records were kept up to date to ensure that patients received the correct consistency of foods and fluids if a modified diet was recommended. Staff consulted with demonstrated their knowledge of modified diets and terminology.

There was choice of meals on offer, the food was attractively presented, appropriately modified and smelled appetising. Patients said that they enjoyed the food and that staff tried to accommodate different choices as far as possible. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

There were suitable systems in place to ensure that patients' received the right care at the right time. Patient care will be further improved through compliance to those areas for improvement identified.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Review of care plans evidenced that these were detailed and contained specific information on each patients' care needs. However, we observed inconsistent monthly evaluation or updates in some of the care documentation reviewed following an incident, such as a fall. An area for improvement was identified.

An informative and meaningful daily record was kept of the care and support provided by staff for individual patients. The outcome of visits from any healthcare professional was recorded, for example, review of care records relating to nutrition evidenced that these were reflective of the recommendations made by the dietician and/or SALT.

There was a system in place to develop care plans; however, there was evidence of inconsistent evaluation in some of the records reviewed. Care documentation will be further improved through compliance to those areas for improvement identified.

5.2.7 How does the service support patients to have meaning and purpose to their day?

It was observed that staff offered choices to patients throughout the day which included, for example, when they wanted to get up and have their breakfast, what clothes they wanted to wear and whether they wished to spend their time in their room or in one of the lounges. Staff were seen to treat patients with kindness and respect and to be attentive to their needs. There was a warm and welcoming atmosphere in the home.

Patients told us that they would like to be offered more activities; one patient said "there is not much to do during the day". The manager and the activity therapist were made aware of these comments and assured us that a suitable activity programme was being developed. The activity therapist said they had only recently commenced employment and wanted to get to know the patients individually and seek their views, opinions, interests and hobbies, in order that a meaningful and inclusive activity programme could be created.

The activity therapist said they were making the most of the good weather and offering patients the opportunity to spend time in the garden. One to one activities included manicures and 'get to know you' chats. Patients were also offered group activities such as bingo, singing and bible readings. A patient said they had spent time in the garden the previous day and that had been "lovely".

The manager said that all staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Communication was maintained between staff and families via email and telephone calls. Staff said that having the activity therapist available to assist families with visiting was a positive improvement. Visiting and care partner arrangements were in place in accordance with the latest visiting guidance. These visits have resulted in positive benefits to both the physical and mental wellbeing of patients.

Patients said that they felt listened to by staff who were generally pleasant, helpful and friendly. Relatives said that communication was good and staff were great.

There were suitable systems in place to allow patients the opportunity to make their views and opinions known and to enjoy communication and visits with their families. The activity programme requires further development and will be reviewed at the next inspection.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

This home is registered for a maximum of eight patients in the dementia category of care. Review of the patients' register and discussion with the manager evidenced that there were 10 patients in the home in the dementia category of care at the time of the inspection. The home was therefore operating outside the conditions of their registration; an area for improvement was identified. The manager and the Responsible Individual provided RQIA with assurances that no additional patients would be admitted under the dementia category of care at this time and that future admissions to the home would be robustly monitored to ensure the home operates within the categories of care for which it is registered.

Following the inspection RQIA requested that a variation application was submitted to temporarily increase the number of patients in the dementia category of care in the home to 10. The manager must submit the application and also inform RQIA when the home has returned to the original condition of registration of a maximum of eight patients in the dementia category of care.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Action plans had been developed where necessary. While the manager completed care record audits these lacked evidence in the identification of the deficits found on inspection as discussed in section 5.2.6. This was identified as an area for improvement.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly, records were maintained and the outcome of a complaint was seen as an opportunity to for the team to learn and improve.

A record of compliments received about the home was kept and shared with the staff team. Relatives had complimented staff on the care, attention and kindness shown to the patients.

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.

The systems in place to monitor the quality of care and services provided and to drive improvement in the home will be further improved through compliance to those areas for improvement identified.

6.0 Conclusion

Patients in the home looked well cared for and were seen to be comfortable and content in their surroundings. Staff were helpful and friendly; they were seen to treat the patients with kindness, respect and compassion. The home was well decorated, clean, tidy and well maintained.

Based on the inspection finding five areas for improvement were identified in relation to completion of neurological observations, ensuring the home operates within the categories of care for which it is registered, staff training, evaluation of care records and the robust auditing of care records.

Following the inspection the Registered Manager submitted a variation application to RQIA to temporarily increase the number of patients in the dementia category of care to 10 as requested.

Thank you to the patients, relatives and staff for their assistance and input during the inspection and also to those who returned completed questionnaires following the inspection.

7.0 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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Ann Keppler, Registered Manager, and Patrick McAvoy, Responsible Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: With immediate effect	The responsible person shall ensure that all confirmed or suspected head injuries are managed in line with best practice guidance and that neurological observations are consistently and contemporaneously recorded. Ref: 5.2.5 Response by registered person detailing the actions taken: Nursing staff reminded to ensure neurological observations are recorded for 24hours following a suspected or confirmed head injury.
Area for improvement 2 Ref: Regulation 15(1) (e) Stated: First time To be completed by: 25 June 2021	The responsible person shall ensure that a variation application is submitted to RQIA to temporarily increase the numbers of patients in the home in the dementia category of care to 10 until the home returns to the original conditions for which it is registered. RQIA must be informed when the home returns to the original conditions for which it is registered. Ref: 5.2.8 Response by registered person detailing the actions taken: Variation was submitted to RQIA
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: 25 August 2021	The responsible person shall ensure that face to face training in fire safety awareness and basic life support is arranged for all staff. Ref: 5.2.1 Response by registered person detailing the actions taken: Date confirmed for Fire training - Awaiting confirmation of date for CPR Training.

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2021</p>	<p>The responsible person shall ensure that care records are regularly evaluated and reviewed to ensure they continue to meet the patients' needs.</p> <p>Ref: 5.2.6</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2021</p>	<p>Response by registered person detailing the actions taken: Nursing staff reminded to complete a monthly evaluation on care plans.</p> <p>The responsible person shall ensure that robust governance audits are in place regarding care records. The audits should contain an appropriate action plan outlining any deficits identified and evidence completion of the required actions.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Registered Manager continues to carryout audits of care records. Action plans are written to identify any deficits and followed up to ensure completion of required actions.</p>

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