The Regulation and Quality Improvement Authority

Inspection Report

3 September 2024

Collegeland Nursing Home

Type of service: Nursing Home
Address: 54 Lislasly Road, Aughanlig, Moy, Dungannon, BT71 6TB
Telephone number: 028 3889 1487

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Roughan Care Ltd **Responsible Individual:** Mr Patrick Anthony McAvoy	**Registered Manager:** Mrs Kathleen McBride **Date registered:** 8 August 2022
Person in charge at the time of inspection: Jill Lee, Registered Nurse Kathleen McBride from 11.30 am	**Number of registered places:** 34 A maximum of 8 patients in category NH-DE.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 33
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 34 patients. The accommodation is located over ground floor level and patients have access to an enclosed courtyard area and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 September 2024 from 10.30 am to 4.55 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to assess progress with the areas for improvement identified by RQIA during the last care inspection on 23 April 2023. The inspection also determined if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 4.0 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Kathleen McBride, Registered Manager, and Mr Patrick Anthony McAvoy, Responsible Individual (RI), at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoken with told us that their experience of living in Collegeland Nursing Home was positive. They said that staff were available to them when they needed assistance and described staff as, "wonderful", "respectful", "kind", and "lovely."

Patients told us about their treatment and how staff worked with them to help them recover or rehabilitate following an illness or injury. Patients said that they were involved in decisions about their care. For example, patients knew when their care reviews were due and confirmed that they were able to attend.

Patients told us that the food was good and said that they had noticed improvements in the quality of the meals provided. Patients attributed these improvements to new kitchen staff. Patients confirmed that they had a choice of at least two options at each mealtime, but commented that there was unusually only one meat option on a Sunday. This was discussed with the manager who explained that while there was one meat option on the menu each Sunday, that patients could still ask for an alternative 'off menu' meal. Patients confirmed that they could always ask for alternatives.

Patients told us that they were very satisfied with the activities on offer and said that there was "plenty to do." Patients said that they were happy with the level of cleanliness in the home and that visiting arrangements were working well.

Relatives spoke highly about the care and services provided in the home and confirmed that they knew who the manager was. Relatives described staff as "lovely", and "informative and friendly." Relatives were very satisfied with the care provided, telling us, the care was "excellent", and spoke about how staff paid attention to things like skincare, especially at times when a patient's mobility was poor.

Relatives confirmed that visiting arrangements were working well and that the home was "always clean." One relative also confirmed that the food was good as they would often join their loved one for meals.

Five relative questionnaires were returned within the allocated timeframe, and indicated that they were very satisfied with all aspects of care and services in the home. Comments included; "excellent care", "professional, friendly and personalised", "knowing that my (redacted)'s needs are met…their wellbeing is at the forefront…they have company and activities…gives me peace of mind", "care is excellent, day or night", "staff are kind and polite", and "the manager and staff go far beyond their means to take care of my (redacted)."

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 19 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 10 (1) **Stated:** Second time	The responsible person shall ensure that that robust governance audits are in place to monitor and review the quality of care records. The audits should contain an appropriate action plan outlining any deficits identified and evidence completion of the required actions. Oversight of the required	**Met**

	actions should be maintained to ensure these have been completed and are sustained. **Action taken as confirmed during the inspection**: There was evidence to show that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 21 (1) (b) Paragraph 2 of Schedule 2 **Stated:** First time	The registered persons shall ensure that recruitment records maintain evidence that Access NI checks have been completed and verified by management prior to any persons starting work in the home. **Action taken as confirmed during the inspection**: There was evidence to show that this area for improvement was met.	**Met**
Area for improvement 3 **Ref:** Regulation 21 (1) (b) Paragraph 5 of Schedule 2 **Stated:** First time	The registered persons shall ensure that the NISCC registration monitoring system captures new staff at the commencement of their employment. **Action taken as confirmed during the inspection**: There was evidence to show that this area for improvement was met.	**Met**

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill mix of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Patients told us that staff were available to them when they needed assistance and that staff were polite and respectful during interactions.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours were stated and the nurse in charge of the home in the absence of the manager was highlighted to ensure all staff knew who to report to. Any nurses taking charge of

the home had annual competency and capability assessments completed to ensure that they held the knowledge and skills required.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, staff were heard to ask patients if they were ready to get up from bed before proceeding.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One relative said that staff were very friendly and welcoming and made their experience feel like "visiting someone's house."

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the patients. Staff told us that the manager regularly attended the shift handover meetings and that this promoted good communication between management and the care teams.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other health professionals. Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. For example, providing assistance with mobility, encouraging patients to have suitable footwear and to use mobility aids such as walking frames as recommended by occupational therapy.

To further reduce the risk of falls, some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Review of records and discussions with nursing staff evidenced that wound care was well managed.

Patients who were assessed as being at increased risk of developing skin damage, had care plans in place and were assisted by staff with personal care and to change their position regularly to maintain skin integrity. One visitor praised the home in relation to this aspect of care, telling us that even after a patient having to be nursed in bed following an injury, the patient's skin remained in "good condition."

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The serving of lunch was observed. Menus were on display and showed at least two options for each main meal. Napkins and condiments were available and patients were offered a selection of drinks. The food looked and smelled appetising and the mealtime experience was unhurried.

Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. It was observed that staff communicated with each other to ensure patient safety and comfort during the meal.

Patients commented positively about the food saying it was "tasty", and one patient commented that they noticed an improvement in the quality of the food since new kitchen staff had been employed. A relative told us that they often enjoyed a meal with their loved one and that the food was good.

One patient said that sometimes the food was "not to my taste", but praised the home for continuing to try to cater to their particular palate and was happy that the chef came in person to listen to them.

Staff advised that they were made aware of patients' nutritional needs and confirmed that patients' care records were important to ensure patients received the right diet. If required, records were kept of what patients had to eat and drink daily.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of patient bedrooms, communal lounges and dining room, communal shower/bathrooms, corridors, and storage areas.

The home was clean, tidy and well maintained. For example, the reception entrance was bright and welcoming with a fresh smell; patient bedrooms were tidy and personalised with items of value to each patient and there was a high standard of décor maintained throughout the building.

There were homely touches such as wall art, photos of patients and staff and noticeboards with photos and details of special events and celebrations.

Patients and relatives said that they were happy with the level of cleanliness in the home, with comments like, "the place is always clean."

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to

any concerns or risks. Staff participated in emergency drills and the manager had good oversight of staff compliance and training needs. Fire doors were seen to be free from obstruction and fire extinguishing equipment was accessible.

The most recent fire risk assessment was conducted on 11 December 2023 and no recommendations were made by the assessor at that time.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, regular infection prevention and control (IPC) audits were conducted and any shortfalls identified were addressed promptly.

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

5.2.4 Quality of Life for Patients

Due to the nature of dementia, some patients were unable to tell us about their quality of life in the home. However, these patients looked comfortable in their surroundings and during interactions with staff. For example, patients showed non-verbal cues of satisfaction such as smiling or relaxing back in their chair.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could come and go from communal areas as they pleased or with assistance from staff. It was observed that patients were offered choices throughout the day, such as where they sat, what music or television show they wanted on, or what they wanted to wear.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices. A record of what was discussed at meetings was maintained. It was noted that meeting records did not result in a clear action plan, although, relevant staff confirmed that they had been updated about patient suggestions. For example, food suggestions were shared with catering staff. The manager agreed that the action plans from meetings could be more robust and that she would address this going forward. This will be reviewed at the next care inspection.

The importance of meaningful engagement with patients was understood by staff, management, and the providers. For example, the manager and the providers were observed to greet patients by their names and to engage in conversations about patients' satisfaction levels and recent events in the home. There was a suggestion box available for anyone to anonymously share their views or make suggestions about any aspect of the home. This was checked regularly by the manager.

Patients and relatives confirmed that visiting arrangements were working well and that the home was very flexible in accommodating family and friends.

An activities programme was available and included events such as, crafts, relaxation, music, religious services, hand massage, pony visits, and gardening. Patients told us that they enjoyed the activities and could pick and choose what they attended. Some patients were

proud to tell us about a recent fun day they had; that the turnout was great and they raised money towards a patient comfort fund.

It was evident that patients' needs in relation to social, creative, spiritual, and community involvement needs were being met. One patient said "we have plenty to do." Another patient said, "I'd give it ten out of ten…I will end my days in this home…this is my home."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Kathleen McBride has been the registered manager in this home since 8 August 2022. The manager confirmed that they were supported in their role by the provider.

There was a clear managerial structure in place and staff were aware of who was in charge of the home at any given time.

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Patients and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would handle any concerns appropriately.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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

Patients and relatives knew who the manager was and said that she was regularly seen around the home. One patient said, "Kathleen is great…she checks in." A relative said, "Kathleen is a good manager…would go to her or any of the staff if needed."

Staff commented positively about the manager, "she knows what's going on in the home…she comes to handovers."

The home was visited each month by 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 and available for review by patients, their representatives, the Trust and RQIA. It was noted that the previous action plans from these reports were not always carried over to the next month. This was discussed with the manager and provider and assurances

were given by the provider that this would be corrected going forward. This will be reviewed again at the next care inspection.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Kathleen McBride, Manager, and Mr Patrick Anthony McAvoy, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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