

Inspection Report

11 August 2022



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

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: Mrs Kathleen McBride	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: 31
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 one floor and patients have access to an enclosed courtyard area and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2022 from 9.35 am to 6.00 pm. The inspection was undertaken 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 said that living in the home was a positive experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to treat the patients with kindness and respect. It was observed that there sufficient numbers of staff on duty to respond to the needs of patients in a timely manner.

Areas for improvement identified at the previous care inspection regarding regular review of care records and the audit system in place to review care records remained unmet at this inspection. Due to further deficits identified in these areas they have now been subsumed into new areas for improvement under the regulations. This is discussed in more detail in the main body of the report.

Additional areas requiring improvement were identified regarding mandatory training, care plans for the use of pressure relieving mattresses, care plans for the use of bedrails and the mealtime experience.

Addressing the areas for improvement will further enhance the quality of care and services provided in Collegeland Nursing 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 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 and how staff went about their work was observed.

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 the manager at the conclusion of the inspection.

4.0 What people told us about the service?

Patients who were able to discuss how they find life in the home spoke positively of their experience.

Patients' comments included, "the home is fantastic", "I cannot fault this place, the owners and the manager are very good and approachable" and "there are no restrictions and the staff are great". One patient said that the home was occasionally short staffed but they felt this could not be helped and did not seem to be, "a big issue". Patients who were less able to communicate their opinion of the home were observed to be content and settled in their surroundings and in their interactions with staff.

Staff said that they were satisfied with staffing levels, enjoy good teamwork and feel well supported in their role. Comments made by staff included, "staff are very helpful, teamwork is good", "you can rely on each other" and "it is a very friendly place to work".

Relatives spoken with were complimentary about the care provided, communication and the staff. One relative said that, "it's all good here", while another commented that they had no concerns but had confidence that if they did these would be quickly sorted out.

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

RQIA received one completed questionnaire from a patient which indicated that they were very satisfied with all aspects of their care.

Comments made by patients, staff and relatives were shared with the management team for information.

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 17 August 2021.		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1)(b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that neurological observations were consistently and contemporaneously recorded in the event of a confirmed or suspected head injury.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (1)(e)</p> <p>Stated: First time</p>	<p>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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the patient register confirmed that the home was operating within the conditions for which it is registered and a variation application is no longer required.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that face to face training in fire safety awareness and basic life support is arranged for all staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement had been met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</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 style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has not been met and will be subsumed into an area for improvement under the regulations; sees Section 5.2.2 for more details.</p>		

Area for improvement 3 Ref: Standard 35 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: This area for improvement has not been met and will be subsumed into an area for improvement under the regulations; sees Section 5.2.5 for more details.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Review of training records and discussion with the manager confirmed that staff had received mandatory training in moving and handling, fire awareness and basic life support. The provision of training was discussed with the Responsible Individual; it was established that planned mandatory training in other required topics had been cancelled due to unforeseen circumstances. Additional training dates had been booked and the system in place to deliver training was under review. While a record of training for individual staff was maintained, the training matrix in place was not up to date. Staff should be provided with all required mandatory training in a timely manner. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Discussion with the manager and staff confirmed that efforts were made to cover vacant shifts. The manager said that if agency staff were required block bookings were made, if possible, to help ensure consistency for patients. Staff said that teamwork was good and that they were satisfied with staffing levels.

Patients said that they felt well looked after by the staff. Staff members were seen to treat the patients with kindness and respect.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered 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 healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

Patients who are less able to mobilise require special attention to their skin care. Patients were assisted by staff to change their position regularly but repositioning records reviewed evidenced that staff repositioned patients on a general three hourly schedule rather than on an individualised schedule. Care records reviewed also lacked details such as the type and setting of mattress required and the recommended individualised frequency of repositioning. Additionally, discussion with staff confirmed that there was no system in place to monitor that mattress settings were correctly maintained. An area for improvement was identified.

It was positive to note to note that there was a low incidence of wounds in the home and none related to pressure damage. Review of wound care records evidenced that wounds were redressed as required with the recommended type and frequency of dressing. There was evidence that the Tissue Viability Nurse (TVN) had been consulted regarding wounds where required and their recommendations were followed.

It was established that systems were in place to manage restrictive practices such as the use of bedrails and alarm mats for patients. However, it was observed that for an identified patient for whom bedrails were in use, a bedrail risk assessment had been completed but the relevant care plan had not been updated to reflect this. An area for improvement was identified. Following the inspection the manager confirmed that the identified care records and the restrictive practices register had been appropriately updated.

Where a patient was at risk of falling measures to reduce this risk were in place. There was evidence that neurological observations were completed in line with best practice guidelines in the event of a confirmed or suspected head injury.

Review of care records evidenced that these were not regularly reviewed and updated to ensure they continued to meet the needs of patients. As already discussed care plans also lacked details such as the recommended use of a pressure relieving mattress or bedrails. Relevant risk assessments and care plans were not consistently updated in the event of a fall. Review of care records was identified as an area for improvement under the standards at the previous care inspection but due to the further deficits identified this has been subsumed into an area for improvement under the regulations.

Informative 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support they required during the mealtime from simple encouragement through to full assistance. The food was attractively presented, smelled appetising and was served in appropriate portion sizes.

While the dining experience was unhurried it was observed that patients who required less assistance were not offered their meal by staff until a 'set' time even though they were in the dining room or the adjoining lounge and the food was ready to be served.

Staff supported patients to eat their meals in their preferred location in the home. However, there was a lack of organisation at times when food was being served outside of the dining room; trays were not always used which resulted in a delay for patients as staff had to come back for drinks, cutlery and condiments. Tables in the dining room were attractively set but the menu on display was not up to date.

The mealtime routine was discussed with staff who explained that they prioritised assisting patients who were unable to feed themselves, therefore, patients who required less assistance could not be served their lunch until a 'set' time. Staff did not recognise that this was an inflexible routine with no specific rationale especially for those patients with a poor appetite or who were disordered regarding time. An area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. 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. It was observed that not all required details, such as the patients' recommended level of modified diet, were consistently recorded on the food and fluid intake charts. This was brought to the attention of the manager for information and appropriate action.

Patients said they enjoyed their meals; comments included that "the food is excellent", "there is a good choice and the cook will make you an alternative meal with no problem at all".

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, cushions and flowers. The main communal areas were attractively decorated and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Observation of staff practice evidenced that staff generally carried out hand hygiene and changed their personal protective equipment (PPE) at appropriate times. However, at the mealtime it was observed that staff did not always take an opportunity to carry out hand hygiene or change their PPE between assisting individual patients. The manager confirmed that staff use of PPE and hand hygiene was monitored and records were kept. The manager said that frequency of monitoring will be increased in order that deficits can be addressed immediately.

Patients and relatives said they were satisfied that the home was always kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well presented and staff were seen to be attentive to their needs. Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding what they would like to eat, whereabouts they preferred to spend their time and the option to take part in activities or not.

There was evidence that patients had been consulted regarding their views and opinions on daily life in home and a record of patients' meetings was maintained.

The activity co-ordinator explained that she was in the process of completing activity assessments for all the patients to ensure that the activities provided were meaningful, positive and of interest to them. A record of the activities provided was maintained. The activity co-ordinator recognised the need to take patients' differing physical and cognitive abilities into account along with their hobbies and interests when planning suitable and varied activities in the home.

Patients were able to avail of group activities such as arts and crafts, games and musical interludes. One to one activities were provided for patients who preferred this. Patients said they were enjoying spending time in the garden as the weather was good. Birthdays and holidays were celebrated and patients' spiritual needs were appropriately attended to.

Discussion with patients confirmed that they were able to choose how they spent their day and they commented positively about the activities on offer. Patients who were less well able to communicate were seen to be content and settled in the home and in their interactions with staff.

Visiting arrangements were in place in accordance with the current guidance.

Patients said that they felt staff listened to them and were confident that any concerns they might have would be sorted out.

5.2.5 Management and Governance Arrangements

There has been a 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.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff commented positively about the manager and the support she provided.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Care record audits included action plans which had been signed off to indicate that the required actions had been completed. However, as evidenced by the deficits identified in care records the audits were not sufficiently robust and identified actions required were not consistently sustained. This area for improvement has not been met and has been subsumed into an area for improvement under the regulations.

Following the inspection the manager confirmed that an action plan has been put in place to address the deficits identified within care records and the care record audit schedule has been reviewed and updated. A staff meeting was held to discuss the findings of the inspection and ensure that all staff are aware of their responsibilities regarding accurate and contemporaneous record keeping and ensuring that care records are kept under review.

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. A senior nurse 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.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Relatives said that they knew who to speak to if they had a concern and were confident that this would be sorted out.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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.

6.0 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	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Kathleen McBride, Registered Manager, 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 16 (2)(b) Stated: First time To be completed by: Immediate action required	<p>The responsible person shall ensure that care records are regularly reviewed and updated to ensure they continue to meet the patients' needs. Care records should also be reviewed and updated in the event of any changes, such as but not limited to, an accident or a fall and when bedrails or pressure relieving mattresses are in use.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: care records are audited monthly with action plans in place to address any deficits. staff are aware of their responsibilities in relation to record keeping and ensuring care records are kept under review. care records are required to be updated following a change. Manager to continue to monitor</p>
Area for improvement 2 Ref: Regulation 10(1) Stated: First time To be completed by: Immediate action required	<p>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 actions should be maintained to ensure these have been completed and are sustained.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: care audit schedule in place. action plans to address deficits with timescales for completion are monitored by registered manager</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39 Stated: First time	<p>The responsible person shall ensure that all staff, including newly appointed staff, are provided with mandatory and any other training relevant to their role in a suitable format and a timely manner. The home's training matrix should be kept up to date.</p>

<p>To be completed by: 30 September 2022</p>	<p>Ref 5.2.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Elearning platform is being sourced through a training company to address provision of training and monitoring of training matrix to ensure training is up to date.</p> <p>The responsible person shall ensure that care plans for the prevention of pressure damage are personalised and include relevant details such as the type and setting of mattress in use and the recommended repositioning schedule for the individual patient. A suitable system should be developed to monitor mattress settings and ensure that these are maintained in accordance with the recommended setting.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: care plan audits have been reviewed and updated to include Mattress type and setting as well as personalised repositioning plans. There is a system in place to monitor mattress settings</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that where bedrails are in use as recommended following completion of a bedrail risk assessment this is clearly reflected in patients' care plans.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Monthly audit of restrictive practice register monitors the use of bedrails to include risk assessment and completion of care plans. Action plans are in place with identified timescales to address deficits</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that the mealtime is a positive and well organised experience for all patients. The mealtime routine should be flexible to prevent patients having an unnecessary wait for their meal. Meals served outside the dining room should be taken to patients on trays with all necessary drinks, cutlery and condiments provided at the time of serving. An up to date menu should be on display.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Meal time routines have been adapted to ensure a more flexible, organised and positive experience for all residents. The dining experience will be part of Monthly auditing by Manager to ensure that the dining experience remains positive. Menu board will be updated daily by cook and this will be monitored during monthly Audit.</p>

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