

# Inspection Report

19 April 2023



## 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><b>Organisation/Registered Provider:</b> Roughan Care Ltd</p> <p><b>Responsible Individual:</b> Mr Patrick Anthony McAvoy</p>	<p><b>Registered Manager:</b> Mrs Kathleen McBride</p> <p><b>Date registered:</b> 8 August 2022</p>
<p><b>Person in charge at the time of inspection:</b> Collette Mulgrew, Sister – until 1.30 pm. Kathleen McBride, Manager - from 1.30 pm.</p>	<p><b>Number of registered places:</b> 34</p> <p>A maximum of 8 patients in category NH-DE.</p>
<p><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 April 2023 from 9.00 am to 5.15 pm by a care inspector.

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

The home was clean and warm with a welcoming atmosphere.

Areas of good practice were identified in relation to patient experience; patients were presented well in their appearance in that attention had been paid by staff to personal and dressing needs. Visiting arrangements were in place and operating to the benefit of patients' personal and private family life, and a varied activities programme was seen to meet patients' social, recreational, and spiritual needs.

Patients and relatives spoke positively about the care and services provided in the home and their views are shared in more detail in section 4.0 and throughout this report. Patients who were unable to voice their opinions were seen to be comfortable in their surroundings and in their interactions with staff.

Staff were seen to provide care in a timely and compassionate manner.

One area for improvement relating to the governance of care records that was identified at the previous care inspection was assessed as not fully met and was stated for a second time. Further detail can be found in sections 5.1 and 5.2.2.

Areas for improvement were identified in relation to recruitment records and the monitoring of care staffs' registrations with the Northern Ireland Social Care Council (NISCC).

RQIA were assured that the delivery of care and service provided in Collegeland Nursing Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team 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.

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.

## 4.0 What people told us about the service

Patients, relatives, and staff were consulted with during the inspection and their views are shared in this report. One relative questionnaire response was received and their views are included in this report.

Patients described staff as “brilliant” and “wonderful”, and told us that staff were available when they needed anything. One patient said that they believed that there was not enough staff on at night and that staff were especially busy at the start of the night shift for a few hours. This patient went on to say that staffs’ busyness did not impact on them getting to bed at their preferred time but they were concerned about staff wellbeing. All comments were shared with the manager who agreed to review the working arrangements at night to ensure efficient and effective workload planning.

Patients told us that the food was good and that they always had a choice at mealtimes. Patients took great delight in telling us about recent activities such as a visit from some petting goats and the Easter bonnet parade. Overall patients described the care and services in the home as “excellent” and “second to none.”

Relatives said that they were very satisfied with the care and services in the home; that visiting arrangements were working well, that the home communicated regularly with them about their loved ones, and that they observed staff to be “friendly and helpful.” The questionnaire response indicated that this relative was very satisfied that the care and services in the home were safe, effective, and delivered with compassion, and that the home was well managed.

Staff told us that while they were generally happy with the staffing arrangements they believed that sometimes the staffing levels were not adequate, saying “some days are great and some are harder”. On further discussion with staff it was acknowledged that factors such as agency use, last minute staff absences, or duty allocations and planning, contributed to the “harder” shifts. This was discussed with the manager who confirmed that staffing levels were subject to regular review and there was an ongoing recruitment drive to build further on the teams and to reduce the need for agency use.

Staff said that they were supported to carry out their roles through training and that the management team were approachable.

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 11 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2)(b)  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that this area for improvement was met.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 10(1)  <b>Stated:</b> First time	<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>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced that this area for improvement was not fully met and has been stated for a second time.</p> <p>This is discussed in section 5.2.2.</p>	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of records and discussion with the manager showed that evidence of Access NI checks being completed before a person started working in the home was not being maintained. Evidence of all other pre-employment requirements were in place. During the inspection the management team sourced proof of Access NI completion on the files that were reviewed and provided assurances that going forward they would maintain a record that these checks were completed prior to staff starting work in the home. An area for improvement was identified.

RQIA requested that the management team conduct a full audit of all staff recruitment files to provide assurances that all staff working in the home had an Access NI completed. Confirmation of the audit completion and outcome was provided by the manager following the inspection. RQIA were satisfied with this action.

Discussion with staff and review of records showed that new staff were provided with a comprehensive induction to their role. Staff confirmed that they were able to work alongside more experienced staff to help them become familiar with the home's policies and procedures, and described the experience as "very good...supportive...and welcoming."

There was a system in place to monitor staffs' registration with their respective professional bodies; the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). This system was checked monthly by the manager. Records showed that new staff were not immediately added to the monthly tracker. This shortfall in the system could have the potential for staff to work unregistered or for staff new to care to work unregistered past the initial six-month grace period. An area for improvement was identified. Following the inspection, the manager provided confirmation that recently appointment staff had completed or had commenced the NISCC application process.

There were systems in place to ensure staff were trained and supported to do their job. Review of records and discussion with staff confirmed that a range of essential training topics were provided via both an eLearning system and face to face sessions. The manager had oversight of training compliance and reviewed this monthly. Records showed actions taken by the manager if/when staff became overdue with an essential course.

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, and records showed that any nurse taking charge of the home had a nurse in charge competency completed. The manager had a planner in place to review nurse competencies on a yearly basis.

The manager's hours were stated on the duty rota along with staff contact details and agency lists.

Staff described having good teamwork and said that they enjoyed working in the home. Some staff said that some days were busier than others. Further discussion concluded that staffing pressures were impacted by staffing vacancies, agency use, and sometimes skill mix. The management team confirmed that a recruitment drive was ongoing and explained that every effort was made to book agency staff who are familiar with the home to improve continuity of care and for the benefit of the wider team.

Staff were observed to respond to patients' needs in a timely manner and with compassion.

Patients spoke in positive terms about staff describing them as "wonderful" and "brilliant...always on the go." One patient said that staff were particularly busy at the start of the night shift but all patients said that staff were available when they needed them and preferred bed times were achieved. Comments were shared with the manager who confirmed that staffing remains under regular review and agreed to do a focus on staffing arrangements and routines at night.

Relatives said that they were very satisfied with the staffing arrangements and said that staff were "friendly and helpful." Relatives said that staff kept them informed about any changes in their loved one's care and needs.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable about patients' needs, their preferred daily routine, and their wishes, likes and dislikes.

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. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. For example, calling patients by their preferred names, and giving clear verbal instruction during interventions.

At times 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.



Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of repositioning records showed that the recommended frequency of repositioning was stated on the charts and correlated with the details in each patients' care plan. Records showed that patients' repositioning needs were managed well.

Management of wounds was examined. Review of one patient's care records confirmed that wound care was well managed and in keeping with best practice. Records included initial and ongoing wound assessments, photographs, and evidence of appropriate onward referral to Podiatry or Tissue Viability Nurse Specialist (TVN) if required.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, equipment such as bed rails and alarm mats were used, beds could be placed in a low position, supervision was provided during mobilisation, and patient areas were maintained clutter free.

Falls in the home were analysed monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to further reduce the risk of falls occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their Trust key worker, and to RQIA as required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The serving of lunch was observed.

A menu on display showed two choices per sitting and staff were seen to offer choices of drinks. Patients chose where they wished to sit, with some opting to have their meals in their bedrooms and some choosing to join others in the dining room. Tables were set in advance and trays were prepared for those having lunch in their bedrooms.

The mealtime was a pleasant and unhurried experience. Staff were seen to be well coordinated and patients were served and/or assisted in a timely manner. The food was presented in an appetising way and portion sizes were generous. Staff were seen to provide the appropriate level of assistance and/or encouragement to patients.

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.

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. Patients' care records were held confidentially.

Four patient care records were reviewed. Three out of the four records were found to be well maintained with regular review of assessments and care plans. The assessment and care plan evaluations for one patient's records were overdue, despite the manager having completed an audit detailing the areas that required attention by the named nurse. This was highlighted to the

nursing staff and action was taken to update the care records immediately. This was discussed with the manager and shortfalls in the system for auditing of care records was identified. The manager agreed to review this system to ensure that nursing staff took responsibility for completing the audit action plans and that evidence would be maintained on the audits with sign off on completion by the nurses and/or manager. This area for improvement was previously identified and has been stated for a second time.

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.

Patients spoke highly of the care provided to them, describing the care as “excellent”, “second to none”, and told us that they get what they needed in a timely manner.

Relatives said that they were very satisfied with the care provided, with one relative describing that their loved one “always looks well.”

### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home’s environment included a sample of bedrooms, corridors, storage spaces, and communal rooms such as lounges, bathrooms, and the dining room. Patients’ bedrooms were personalised with items of importance to each patient.

The home was clean, warm, well lit, and free from malodour. All patient areas were tidy and suitably furnished. The standard of décor varied throughout the home with evidence of homely touches such as framed pictures of local scenes, flowers, reading materials, and patients’ art work on display. Some minor defects were seen in the environment; such as scuffs on walls. The environment was discussed with the management team who explained that a rolling decorating programme was in place with a view to repairing any minor defects and maintaining a good standard of décor.

It was noted that some radiators in the older part of the building were not covered. Radiators in the newer part of the building were positioned near the ceiling. Following discussion about potential risks with the management team, the manager conducted an environmental risk assessment on all ground level radiators and/or exposed water pipes in patient areas and provided RQIA with assurances that any risks of harm such as burns were reduced. The risk assessment was reviewed in conjunction with an RQIA estates inspector who was satisfied with the assurances from the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were seen to be free from obstruction and fire doors were used correctly. The most recent fire risk assessment was conducted on 22 July 2022 and resulted in no recommendations. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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. For example, the manager explained that they had completed a dynamic risk assessment on the use of personal protective equipment (PPE), hand hygiene was promoted, and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (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.

Patients and relatives said they were happy with the level of cleanliness in the environment.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said they liked the privacy of their bedroom while others enjoyed watching TV in the lounge and speaking with other patients. Patients were seen to exercise their right to spend time in various parts of the home throughout the inspection.

Patients were observed to attend the hairdressing service, listen to music, watch television, read, use their mobile phones, or enjoy the company of fellow patients and staff.

Display boards advertised the organised activities planned for that week which included signing bowls, relaxation, gardening, yoga, and crafts.

Discussion with the activities coordinator and review of activities records evidenced a well thought out programme with room for flexibility each day to cater for patients' preferences. The records showed patient involvement in suggesting activities, and included social, recreational, creative, physical, intellectual, and spiritual and/or religious events. There was evidence of community inclusion with the attendance of local schools or outside organisations.

Patients talked with fondness and enthusiasm about some recent activities. For example, some patients laughed while telling us about the goats that came to visit, or told us about the Easter bonnet parade which saw some competitive fun between patients and staff.

One patient told us about how they enjoyed "helping" in the office and said that this made them feel useful and valid. It was positive to note that when a patient wants to take part in activities associated with the running of the home and it is appropriate to do so, this is facilitated. This is good practice and promotes feelings of worth.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Relatives told us that they were happy with the visiting arrangements and confirmed that they could stay as long as the patient wished.

#### **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. It was positive to note that the manager was taking part in the 'My Home Life' programme run by the University of Ulster and sponsored by the Department of Health.

Staff 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.

There was evidence that a 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, having recently completed the required training.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Patients and relatives spoken with said that they knew how to report any concerns and were confident that the manager would take all concerns seriously and take appropriate action.

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.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Records showed that no recent complaints had been received.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "the manager is very good...we can talk to her."

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 the registered provider or 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	0

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kathleen McBride, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 17 May 2023</p>	<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 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>nursing staff have been reminded that completion of care record action plans is the responsibility of the named nurse and must be completed, signed off and returned to the Manager in the time frame specified</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Paragraph 2 of Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 May 2023</p>	<p>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.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have an Access NI completed prior to commencement in post. A more robust system has been introduced in order to maintain evidence of this to include reference number and date certificate was issued</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Paragraph 5 of Schedule 2</p>	<p>The registered persons shall ensure that the NISCC registration monitoring system captures new staff at the commencement of their employment.</p> <p>Ref: 5.2.1</p>
<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 May 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All new staff will be added on appointment to the Monthly NISCC tracker with date recorded of commencement. This will ensure that staff are not working unregistered past the 6 month grace period</p>

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



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