Unannounced Care Inspection Report
30 October 2017

Collegeland Nursing Home

Type of Service: Nursing Home (NH)
Address: 54 Lislasly Road, Aughanlig, Moy, Dungannon, BT71 6TB
Tel no: 028 3889 1487
Inspector: Sharon Loane

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Roughan Care Ltd **Responsible Individual:** Mr Patrick Anthony McAvoy	**Registered Manager:** Mrs Ann Keppler
Person in charge at the time of inspection: Ms Pearl Blevins Mrs Ann Keppler	**Date manager registered:** 14 August 2014
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 registered places:** 32 comprising: 8 – NH- DE

4.0 Inspection summary

An unannounced inspection took place on 30 October 2017 from 11:15 to 17:50 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found across the four domains reviewed. These included but not limited to: staff recruitment, training and development; care planning and care delivery; communication between patients, staff and other key stakeholders. There was also evidence that the service was well-led with good governance and management systems in place.

Areas requiring improvement were identified in regards to the arrangements for patients that smoke and the detail to be included in the monthly monitoring quality reports.

A number of positive comments were received from staff, patient representatives and patients. Patients said that they were happy with the care provided and enjoyed living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ann Keppler, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection 6 April 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 April 2017.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-assessment inspection audit

During the inspection the inspector met with six patients, seven staff, and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staffing arrangements
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- one staff personnel file to review recruitment processes
- staff induction records
- staff training records
- incident and accident records
- three patient care records

- two patient care charts including food and fluid intake and repositioning charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 26 May 2016

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 4

Stated: First time</td><td>It is recommended that records for “release schedules” completed for the use of restraint and or restrictive practices are recorded in line with best practice guidelines and contemporaneously.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of records for an identified patient evidenced that this area for improvement had been met.</td></tr>
</table>

Area for improvement 2 **Ref:** Standard 35.16 **Stated:** First time	It is recommended that areas for improvement and/or actions identified during the auditing process should be re-audited or signed off to ensure that the required improvements have been made and compliance with best practice is achieved and sustained.	**Met**
	Action taken as confirmed during the inspection: A review of governance arrangements evidenced that this area for improvement had been met. Refer to section 6.6.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 30 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. Discussions with staff regarding the staffing arrangements were generally positive however some staff were of the opinion that staffing levels in the afternoon were not sufficient to respond to patients' needs and requests. Information regarding staffing levels was also sought via questionnaires issued to patients, staff and patients representatives. Three questionnaires returned by staff verified this information. Observations made at the time of the inspection evidenced that staff were under pressure in their attempts to respond to patients' needs in a timely manner. This information and observations made were discussed with the registered manager who gave assurances that they would review and monitor same for actions as deemed appropriate.

A review of a personnel file for one employee evidenced that recruitment records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. A review of the 2017/18 training matrix evidenced that a number of staff still had to complete their mandatory training requirements. The registered manager advised that training was scheduled to ensure compliance was met.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge areas, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. A lot of areas within the home had undergone refurbishment and re-decoration since the last inspection. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment.

Some issues in regards to the maintenance of the environment were identified at this inspection. A discussion with the registered manager and a review of maintenance records identified that the current arrangements in place for maintenance management were not sufficiently robust to ensure issues were dealt with appropriately. Post inspection, information regarding environmental and maintenance matters was shared with the registered person. RQIA can confirm that a response has been received from the registered person, outling the proposed actions to include identified timeframes. The findings of this inspection have also been shared with the Estates Team at RQIA for review and actions as deemed appropriate.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

During the inspection, it became apparent that there was no provision for patients who "smoked." A discussion was held with the registered manager who confirmed that there was no formal facility provided. The registered manager was advised of the importance; that appropriate arrangements are in place to facilitate this in a way which ensures the patients safety and dignity. These arrangements should adhere to the Guidance on Service Users Smoking in Residential Care and Nursing Homes, RQIA 2013. An area for improvement under the standards has been made in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to; staff recruitment, induction, training, adult safeguarding, and infection prevention and control.

Areas for improvement

An area for improvement under the standards has been made in regards to the arrangements for patients that smoke.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A care record reviewed in regards to the admission process evidenced that this was managed in accordance with the Care standards for Nursing Homes, 2005. Risk assessments and care plans were commenced on the day of admission and completed within five days of admission to the home.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

A sampling of food and fluid intake charts confirmed that patients' fluid intakes were monitored. The information recorded included food and fluids offered and refused. Supplements given were also recorded. Charts reviewed evidenced that the total 24 hour fluid intake was calculated and subsequently recorded in the patient's daily progress notes. Entries recorded accurately reflected when food and fluid intake was satisfactory and/or inadequate; there was evidence that appropriate actions had been taken when intake was poor, for example, communication with the General Practitioner and Dietician.

A review of a care record in relation to the management of wounds and/or pressure damage evidenced that in the majority this area of care was managed appropriately. A care plan in place specified the prescribed treatment as per the advice provided by the Tissue Viability Nurse. Wound care documentation was maintained in accordance with best practice guidelines. The care and treatment provided was reflective of that outlined in the care plan.

A review sample of repositioning records evidenced that these were maintained in accordance with best practice guidance, care standards and legislation. However, the care plan did not specify the regime of care in regards to this aspect of care. Staff advised that the patient required 2-4 hourly positional changes and the information reviewed accurately reflected this. The registered nurse updated the care plan prior to the completion of the inspection.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. A system was in place to check that the mattresses were set correctly for the weight of the patient.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, it was noted that some food and fluid charts had not been completed at the time of inspection. This was discussed with staff who were able to provide the inspector with details of the patient's food and fluid intake recorded on a separate record. As previously reported a review sample of food and fluid intake charts confirmed these were maintained appropriately. Whilst this was acknowledged, management and staff were reminded of the importance of recording information appropriately. This will be monitored at subsequent care inspections.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held and records were maintained. The most recent staff meetings had been held during April and May 2017.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge and/or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis. Minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives knew who the registered manager was.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with patients confirmed that they were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

We observed the serving of the lunch time meal. The tables were set attractively, with a range of condiments. The menu was held in a file and was presented in various formats to aid patients understanding, which included a pictorial version. However, this information was not displayed in the dining room. The registered manager gave assurances that this would be addressed following the inspection. The lunch appeared appetising and choices were available for both the main course and dessert. Patients spoken with acknowledged that the food was tasty. The atmosphere was quiet and patients were encouraged to eat their meals. Staff were observed assisting patients as deemed appropriate.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Collegeland was a positive experience and that staff were caring and attentive.

As previously discussed questionnaires were issued to patients, relatives and staff. Eight patients and four staff had returned their questionnaires within the timeframe for inclusion in this report. All responses received from patients indicated that they were 'very satisfied' with the care provided.

Written comments included:

“Everyone is very nice.”
“Lovely home and staff.”
“I like it here.”

The responses received from staff indicated that they were either ‘very satisfied’ or ‘satisfied’ across all domains. As previously discussed some comments were received in regards to the staffing arrangements. No additional concerns were noted.

No questionnaires were returned by patient’s representatives. A number of letters and cards received by the home from relatives were displayed, who all expressed their kindness and appreciation to the staff for the care they delivered.

The following is an extract from a letter received:

“There is an exceptional degree of shared understanding of the Home’s values and core purpose, a clear reflection of your vision and strong leadership. Each and every member of staff I have encountered has been sensitive, knowledgeable and caring. They are all trained in putting family members at ease and seeing what needs to be done to make residents feel secure and comfortable. I have found them vigilant and quick to take action if they see that anything can be improved. In short, because they know and care about their work, they make a difference.”

Two relatives also spoken with at the time of the inspection commended the management and staff for the care and compassion shown to them and their relatives.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, a review of records and observations made during the inspection evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients, and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff consulted with described management and the owners of the home in very positive terms.

A copy of the complaints procedure was displayed in various locations throughout the home. Discussion with the registered manager and review of the home's complaints record evidenced that complaints in the majority were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. However, it was noted that a satisfactory outcome for one recorded complaint had not been achieved. An explanation provided by the registered manager was followed up with the registered person, post inspection. Subsequent information received from the registered person confirmed that appropriate actions have been taken by them to ensure a satisfactory outcome has been achieved in response to the complaint raised. The importance of responding and dealing with complaints in a timely manner was discussed with the registered manager at inspection feedback.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice. An area for improvement identified at the last inspection had been met.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly monitoring quality visits were completed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. A review of some completed reports identified that although some areas for improvement/follow up had been referenced in the report these had not been included within the action plan. This has been identified as an area for improvement under the standards.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement under the care standards has been made in regards to the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Keppler, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 **Ref:** Standard 44 Criteria 14 **Stated:** First time **To be completed by:** 30 December 2017	The registered person shall ensure that provision is made, in accordance with legislation and guidance for patients who smoke. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: A sheltered area for patients who smoke has been erected in the courtyard in accordance with legislation and guidance.
Area for improvement 2 **Ref:** Standard 35 Criteria 16 **Stated:** First time **To be completed by:** 30 December 2017	The registered person shall ensure that any areas for improvement identified during the monthly monitoring visits are reflected in an action plan. **Ref: Section 6.6**
	Response by registered person detailing the actions taken: Any areas for improvement that are identified during monthly monitoring visits will be followed up and recorded in the action plan

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

The Regulation and Quality Improvement Authority

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