



Announced Care Inspection Report 25 September 2020



Collegeland Nursing Home

Type of Service: Nursing Home
Address: 54 Lislasy Road, Aughanlig, Moy, Dungannon
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Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 34 persons.

3.0 Service details

Organisation/Registered Provider: Roughan Care Ltd Responsible Individual: Patrick Anthony McAvoy	Registered Manager and date registered: Ann Keppler – 14 August 2014
Person in charge at the time of inspection: Ann Keppler	Number of registered places: 34 A maximum of 8 patients in category NH-DE.
Categories of care: Nursing Home (NH) 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

4.0 Inspection summary

An announced inspection took place on 25 September 2020 from 10.00 to 13.50 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for patients
- quality improvement
- nutrition
- safeguarding
- consultation.

Patients consulted spoke positively on living in Collegeland and some of their comments can be found in the main body of the report.

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

Areas for improvement and 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.

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- a selection of quality assurance audits
- complaints review
- compliments records
- incident and accident review
- minutes of patients'/relatives'/ staff meetings
- activity planner
- three patients' care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires; ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Ann Keppler, manager.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

Staffing

At the commencement of the inspection the manager outlined the staffing arrangements in the home over a 24 hour period. An allocation notice was displayed in the home which allowed patients to know who was working in the home at any given time. Patients were complimentary in regards to the care that they received. However, three patients and one patient's representative indicated in returned questionnaires that they did not think there was enough staff on duty to provide care. Discussion with staff confirmed that there were concerns regarding the staffing levels on the 14.00 to 20.00 hours shift in the home and provided some examples on the impact of the staffing level. This was discussed with the manager and an area for improvement was made to review the staffing arrangements in the home.

Staff told us that since the outbreak of the Covid – 19 pandemic, the methods in which they received training had changed. Prior to the pandemic, all training in the home had been conducted face to face. The manager confirmed that they were now progressing with the introduction of online learning. Staff had engaged in remote teaching sessions using technology. The manager utilised a matrix to oversee the compliance with staff's training and this was reviewed on a monthly basis to ensure that all staff received the appropriate mandatory training depending on their role.

The manager confirmed that a matrix was maintained to ensure each staff member had their annual appraisal and twice yearly supervisions completed. Competency and capability assessments for the nurse in charge or medicines management were completed by the relevant registered nurses and reviewed annually.

Management arrangements

The management arrangements had not changed since the last inspection. There was a clear organisational structure in the home. Staff had access to contact details for the manager and the registered persons if required. Out of hours contact details were available for the general practitioner and for the out of hours social work team. Emergency contact details were also available for Northern Ireland Electricity and the Water board.

Governance systems

Prior to the inspection we requested copies of audits to be sent to RQIA for review. Accidents in the home had been reviewed monthly for patterns and trends. Three monthly accident audit reviews were completed resulting in action plans identifying the actions taken to further reduce the risk of falls.

Complaints in the home were monitored monthly. Complaints forms were completed when a complaint was received including details of the complaint and any actions/investigations taken as a result of the complaint. Complaints in the home were also reviewed on a three monthly basis and an annual basis. Any learning from complaints would be shared with staff during staff meetings or shift handovers.

Patients' care records had been audited monthly. The manager confirmed that each patient in the home had an identified named nurse responsible for updating the patient's care records. Where required, an action plan identifying deficits within the care records would be given to the named nurse for follow up. However, there was no evidence of a review of the action plan to ensure completion. This will be discussed further within the report.

The manager confirmed that dining audits were completed twice yearly in the home. All patients in the home, who could, were invited to take part in the audit. The areas reviewed were the dining experience, food presentation, the environment, the hospitality service and overall quality. An action plan was developed following completion of the audit identifying areas for improvement.

Monthly monitoring visits were completed by the provider. An action plan was developed and discussed with the manager as a result of the visit where required. The action plan would be reviewed at the next visit. Monthly monitoring reports were completed and available for review.

An annual quality assurance survey was planned for 2020 involving patients and their representatives to establish their opinions on the service provision and care delivery in the home. The results of the survey, when available, will be collated and reproduced into a report.

Infection Prevention and Control

The manager confirmed that throughout the pandemic the home has remained free from Covid – 19. Infection prevention and control audits had been completed reviewing the environment, equipment in use, management of sharps, waste disposal, linen used and hand hygiene. Action plans were developed in response to any deficits identified within the audit. However, as with the care plan audits, there was no evidence that the action plans had been reviewed to ensure completion. This was discussed with the manager and identified as an area for improvement. Mattress audits were completed monthly to review for depth and to ensure that they remained free from stains, tears and/or sagging.

Specific areas had been identified in the home for staff donning and doffing personal protective equipment (PPE). Staff confirmed that an infection prevention and control nurse had provided training in relation to the use of PPE. Staff were observed, during a virtual walk around the home, wearing PPE appropriately when assisting with patients. Staffs' temperatures were checked at the point of entry. The manager confirmed that all staffs' and patients' temperatures were checked twice a day as a means to quickly identify if any are developing symptoms. Staff sanitised their hands and PPE was donned before any contact with patients.

Visiting professionals were also required to wear PPE on entering the building. Their temperatures were checked and the visiting professional would be required to complete a questionnaire to confirm that they were not symptomatic of Covid - 19.

Patients' visitors were facilitated with indoor visits. The timing of the visits was pre-arranged with staff in the home. Visitors were required to wear PPE on entering the home. Visitors' temperatures were checked on entry and a checklist completed identifying any possible exposure or symptoms. The manager confirmed that the visiting area was thoroughly decontaminated between visits.

Quality of life for patients

During the inspection we undertook a virtual walk around the home with the use of technology. Bedrooms and communal rooms reviewed were clean and tidy. Corridors were clear of any clutter or obstruction. Staff were observed to be wearing PPE appropriately. Patients had been socially distanced within the lounge. Posters and notices were on display guiding staff and patients on safe practices during Covid – 19 such as hand hygiene.

Patients we consulted with were very complimentary of the care they received and their engagements with staff in the home. One told us the staff were, "So good to me," and another commented, "Everything is perfect here."

The provision of activities was discussed at patients' meetings. Patients could share their views on existing activities. The manager confirmed that the home was actively recruiting an activity therapist. A care assistant was allocated on the duty rota responsible for the day's activities. A programme of activities was available for review. Activities included baking, hairdressing, manicure, sing-a-long, chatting, television, bible activities, newspaper reading and music. Group activities and one to one activities were conducted. A daily record was maintained of the activity conducted and which patients participated. An activity tree was located in the foyer of the home. The tree was decorated with rainbows which the patients had made with regards to their thanks and appreciation of National Health Service employees work during the Covid – 19 pandemic. The manager confirmed that the next theme for the activity tree would involve the patients making decorations to represent Halloween.

Each patient had a named nurse responsible for assessing, planning, implementing and evaluating their care. The nurse would ensure the appropriate care records such as risk assessments and care plans were developed and reviewed to ensure that all care provided was up to date and in line with the patient's needs.

Patients meetings were conducted regularly. Minutes of the meetings were available for review. We could see from the minutes that 12 patients attended a meeting in June 2020 and 13 patients attended a meeting during August 2020. Topics discussed at the meetings included Covid – 19 updates, visiting, activities, care provision, food provision, cleanliness, laundry and the environment. Action plans were created following each meeting reflecting decisions made during the meetings. The manager confirmed that they would speak to patients, unable to attend the meetings, on an individual basis.

Quality improvement

The manager confirmed that virtual visits were facilitated in the home using remote technology. The manager also confirmed that patients in the home enjoyed using an electronic 'Alexa' which is a cloud based voice service where patients can request their favourite songs to be played, for example, by speaking to it. Both facilities require an internet connection and Wi-Fi availability. While both were present in the home, the manager confirmed plans to update the system to improve the availability throughout the home.

The manager has also planned to review the current training available for staff. Normal face to face training has been reduced to minimise the risk of contamination during Covid – 19. The manager will review alternative channels online to identify new training opportunities for staff to engage in.

Nutrition

We reviewed three patients' nutritional care records. Each patient had a nutritional assessment completed monthly or more often as required. Patients' risk of choking assessments had been completed and care plans on how to manage this risk were in place where appropriate and reviewed monthly. Nutritional care plans for each patient were up to date and indicated safe consistencies of food and fluids which the patient could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians. An oral assessment and intervention chart had been completed and reviewed monthly. This assessment reviewed oral health aspects such as condition of the patients' tongue, gums, saliva, natural teeth, oral pain, dentures and oral cleanliness. Interventions were identified for any deficits of the assessed areas and a care plan developed.

Food and fluid intake records were completed and monitored daily. Daily fluid charts identified the volume of fluids consumed within the previous 24 hours. Patients who required daily fluid monitoring had a fluid target identified. There was evidence within one of the records reviewed of actions taken when this target had not been met over three days. Food intake records were reflective of nutritional requirements. We discussed the importance of including any food supplements consumed by the patients into these charts as some gaps in this recording had been identified. The manager gave assurances that these would be completed.

We reviewed the current menus served in the home. A three week rolling menu was submitted for review. The menus offered a varied range of foods and there were meal choices available for lunch and evening meals. The manager confirmed that kitchen staff held a record of all patients' nutritional requirements. Patients were complimentary in relation to the food provision in the home. Patients told us the quality of food was, "Very good".

Safeguarding

The manager was aware of any safeguarding concerns relating to the home and up to date records had been maintained. The manager was the adult safeguarding champion and was aware of her responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home. All staff had completed safeguarding training dependent on their role in the home and the manager confirmed that additional online training with reference to the Mental Capacity Act (NI) 2016 had also been completed by all staff. New staff employed in the home would be required to complete adult safeguarding training as part of their induction.

Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed patients and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to patients, patients' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with three patients individually confirmed that living in Collegeland was a positive experience. Six patients' questionnaires were returned. All respondents indicated that they were either satisfied or very satisfied that the home provided safe, effective and compassionate care and that the home was well led.

Patient comments:

- "Everywhere is so clean. Staff are lovely."
- "There could be more staff."
- "There is usually someone there to help me when I need it. The food is lovely."
- "First class home and I am very happy. Could have more staff. Staff do not get paid enough for what they do and how much they do."
- "I see the manager as often as I need to. Should be more staff."
- "The staff here are 100 percent."

No patient representatives were available for consultation during the inspection. Seven patients' representatives' questionnaires were returned. All respondents indicated that they were either satisfied or very satisfied that the care in the home provided safe, effective and compassionate care and that the home was well led. Some of their comments were as follows:

- "Staff are very attentive and caring; I feel ... is kept very safe. Staff will call me and discuss any concerns; always listen to my ideas. Ann is very approachable and runs an excellent home."
- "Excellent staff."
- "They keep me up to date and really are excellent. All the staff are fantastic. Ann Keppler is fantastic. Has done a fantastic job especially during this crisis."
- "Please note that the rules around visiting are extensive and unwelcoming. During the ... period of time that we were able to visit ... in the home it appeared to have a pleasant atmosphere and the staff were generally attentive and upbeat."
- "A good system in place to ensure we have a pre-booked visit with This is very reassuring to us as a family knowing that all possible safe systems are employed for the benefit of clients, staff and visitors. Always kept up to date. All staff are very attentive and approachable."

Staff had the option of completing an online survey or completing a questionnaire; we received one questionnaire response. The staff member was satisfied that the home was providing safe, effective and compassionate care and that the home was well led. Comments from five staff consulted during the inspection included:

- "I love it here. Ann is a great manager."

- “Staying Covid free has been excellent.”
- “The work is tough but it is very good here.”
- “Would be better to have one activity person rather than a different one every day.”
- “Everybody supports each other here.”

All comments in returned questionnaires were shared with the manager for their review and action as appropriate.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will also be shared with the manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- “When family phone staff are always very helpful and never indicate that they are too busy to talk to them and are always willing to help.”
- “A big thank you for the dedication shown to ... during her time at the nursing home. The whole family really appreciated all the love shown to us all.”
- “The past few months have been the most testing of times for everyone and we would like to commend absolutely all of the staff for their dedication, care and compassion.”
- “... but I want especially to thank you all for all your care of ... at this extraordinary time. We appreciate it very much.”

Areas for improvement

Areas for improvement were identified during the inspection in relation to staffing and with auditing.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Overall the feedback from the inspection was positive. There was a stable management arrangement in the home. Patients spoke very positively in relation to the care which they received and their representatives were equally as positive in their feedback. Staff were compassionate in their interactions with patients and embraced infection control measures put in place for the safety of all in the home. Nutritional care plans were up to date and reflected the recommendations of other health professionals.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Criteria (1) Stated: First time To be completed by: 25 October 2020	<p>The registered person shall ensure that the staffing arrangements in the home are reviewed to make sure that at all times there are sufficient staff on duty to meet the needs of patients.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Staffing arrangements have been reviewed to make sure that sufficient staff are on duty to meet the needs of the patients</p>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 25 October 2020	<p>The registered person shall ensure that action plans developed identifying deficits from audits, are reviewed to ensure that the corrective actions have been completed.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Actions plans are now reviewed to ensure that the corrective actions identified from audits have been completed</p>

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



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