



Unannounced Follow Up Care Inspection Report 27 February 2019



Collegeland Nursing Home

Type of Service: Nursing Home (NH)
**Address: 54 Lislasy Road, Aughanlig, Moy,
Dungannon, BT71 6TB**
Tel No: 028 3889 1487
Inspector: Julie Palmer

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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 provider 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 nursing home registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Roughan Care Ltd Responsible Individual(s): Patrick Anthony McAvoy	Registered Manager: Ann Keppler
Person in charge at the time of inspection: 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 A maximum of 8 patients in category NH-DE

4.0 Inspection summary

An unannounced inspection took place on 27 February 2019 from 09.30 to 15.00.

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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- governance
- provision of activities.

Patients said:

- “It’s great.”
- “It’s good, no problems.”

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.

4.2 Action/enforcement taken following the most recent inspection 5 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 5 September 2018. No further actions were required to be taken following that 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 patients, five patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients' questionnaires and ten patients' relatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- nursing and care staff duty rotas from 18 February to 3 March 2019
- incident/accident records from September 2018
- a sample of governance audits
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- three patient care records and supplemental care charts.

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 5 September 2018

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

6.2 Review of areas for improvement from the last care inspection dated 5 September 2018

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

This inspection focused solely on issues previously outlined in section 4.0

6.3 Inspection findings

6.3.1 Staffing Arrangements

The registered manager 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 from 18 February to 3 March 2019 evidenced that planned staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients in a caring and timely manner. Patients spoken with indicated they were looked after by the staff and felt safe and happy living in Collegeland nursing home. One comment included "they treat me like an egg, I'm so well looked after".

Patients' relatives spoken with indicated they were satisfied with staffing levels and the care provided. We also sought opinion from patients and patients' relatives on staffing levels via a questionnaire. Five responses were received from relatives; they indicated they were either satisfied or very satisfied with staffing levels and that care delivery was safe, effective, compassionate and well led.

Staff spoken with indicated they were satisfied there were sufficient staff on duty to meet the needs of patients. However, staff also commented that, as there was no longer an administrator in post, they often had to undertake duties previously carried out by the administrator, such as answering the phone, photocopying documentation and ordering supplies; they felt in the long term this could result in less time for direct care delivery. These comments were brought to the attention of the registered manager who will inform the responsible individual of staff concerns in this area.

One relative who responded to the questionnaire did comment that “sometimes phone not answered when I ring”. This comment was communicated to the registered manager following the inspection along with other comments received from relatives via questionnaires which included:

- “I am extremely happy about the care my relative receives at all times. We as a family are all treated extremely well.”
- “As a family we have every faith that the staff look after all the residents with care and compassion.”
- “My mother is well cared for and very content.”
- “I would like to express the excellent care my mother receives from all the staff within Collegeland Nursing Home.”

Comments from staff during the inspection included:

- “I love my work.”
- “Staff are a great team.”

We also sought staff opinion on staffing levels via the online survey; no responses were received.

6.3.2 The Environment

A review of the home’s environment was undertaken and included observations of bedrooms, bathrooms, the dining room, lounges, clinical room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, in identified areas in three bathrooms, more effective cleaning was required to be undertaken in order to maintain compliance with best practice in infection prevention and control (IPC) measures; this has been identified as an area for improvement. Fire exits and corridors were observed to be clear of obstruction.

Bedrooms were noted to be in very good decorative order and to be personalised with belongings that were meaningful to the patients. Each bedroom had been equipped with a copy of the patient guide and the care standards thereby ensuring these were readily available for the information of patients and their relatives.

A noticeboard outside the dining room displayed useful and relevant information relating to the activity programme, the role of RQIA, adult safeguarding, the complaints procedure and accessing Wi-Fi in the home; there was also a suggestion box. Another noticeboard in the entrance hallway detailed the staff on duty that day for the information of patients and visitors to the home.

Patients, patients’ relatives and staff were complimentary in respect of the home’s environment. One relative commented “the home is very nicely decorated and mum always lived in a nice house so that is good but more importantly the care is very good”.

6.3.3 Governance Arrangements

We reviewed a selection of governance audits carried out in order to monitor and report on the quality of nursing and other services provided in the home. While it was observed that a system was in place for monitoring and reporting the quality of nursing and other services provided, not all audits reviewed were up to date, specifically record keeping and infection prevention and control audits; this has been identified as an area for improvement.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were recorded and reported to RQIA or other relevant bodies accordingly.

We reviewed care records for three patients in relation to pressure area care, repositioning and wound care. Records were contemporaneous, reflective of recommendations from other healthcare professionals were applicable, and the care delivered was reflective of the individual care plans in place.

Staff spoken with remarked positively about management arrangements, working relationships and communication within the home. Comments included:

- “It’s a happy house.”
- “We all help each other.”

Discussion with patients, patients’ relatives and staff evidenced that the registered manager’s working patterns supported effective engagement and that management were responsive to suggestions or queries.

6.3.4 Provision of Activities

Discussion with the activity therapist and review of the activity programme evidenced that activities offered were positive and meaningful. The activity therapist confirmed she involved patients in decision making about potential activities and encouraged them to make suggestions about other activities they would enjoy. The activity programme changed weekly, the activity therapist commented she liked to regularly introduce new activities in order to promote stimulation, creativity and choice for patients; she was enthusiastic about her role.

Prior to lunch we observed an activity session, in the lounge adjacent to the dining room, during which the activity therapist was assisting patients to complete jigsaw puzzles; patients involved appeared to enjoy this and the activity therapist was observed to be encouraging and helpful. Other patients were observed to be enjoying one to one time with nursing and care staff who were chatting or reading with them. The atmosphere was calm and staff interactions with patients were observed to be caring and compassionate.

The activity therapist commented that she was readily able to access training and resources that were relevant to her role.

Patients and patients' relatives spoken with were complimentary about the home and the activities offered, comments included:

- "A home is only as good as the staff and the staff are excellent."
- "Can't praise them highly enough."
- "Things are good."
- "The activity programme is great."

Areas of good practice

Areas of good practice were identified in relation to maintaining effective staffing levels, the home's environment, care records, communication and provision of a meaningful activity programme.

Areas for improvement

Areas for improvement were identified in relation to effective cleaning of identified areas in bathrooms and to ensuring consistent completion of record keeping and infection prevention and control governance audits.

	Regulations	Standards
Total number of areas for improvement	0	2

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 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 DHSSPS 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 46 Stated: First time To be completed by: 28 February 2019	<p>The registered person shall ensure effective standards of environmental cleaning are maintained in identified areas in bathrooms in order to maintain compliance with best practice in IPC measures.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken: Domestic staff reminded of the importance of ensuring a high standard of environmental cleaning at all times, to maintain compliance with infection control measures.</p>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 27 March 2019	<p>The registered person shall ensure record keeping and infection prevention and control audits are consistently carried out in accordance with the home's audit schedule.</p> <p>Ref: 6.3.3</p>
	<p>Response by registered person detailing the actions taken: The registered person was reminded of the need to ensure that ongoing audits are completed on a monthly basis.</p>

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



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