# Unannounced Care Inspection Report
# 1 and 2 October 2019

## Collegeland Nursing Home

**Type of Service: Nursing Home**
**Address: 54 Lislasly Road, Aughanlig, Moy, Dungannon, BT71 6TB**
**Tel No: 028 3889 1487**
**Inspectors: Julie Palmer and Joseph McRandle**

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 registered nursing home which provides care for up to 32 patients.

## 3.0 Service details

| **Organisation/Registered Provider:**<br>Roughan Care Ltd<br><br>**Responsible Individual(s):**<br>Mr Patrick Anthony McAvoy | **Registered Manager and date registered:**<br>Mrs Ann Keppler<br>14 August 2014 |
|---|---|
| **Person in charge at the time of inspection:**<br>Ann Keppler | **Number of registered places:**<br>32 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia.<br>PH – Physical disability other than sensory impairment.<br>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:**<br>30<br><br>A maximum of 8 patients in category NH-DE |

## 4.0 Inspection summary

An unannounced care inspection took place on 1 October 2019 from 09.50 hours to 17.35 hours. An unannounced finance inspection took place on 2 October 2019 from 10.30 hours to 14.30 hours.

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

Evidence of good practice was found in relation to staffing, teamwork, training, the meal time experience, the culture and ethos in the home, listening to patients, management of complaints and incidents and the general financial arrangements for patients.

Areas requiring improvement were identified in relation to effective cleaning of shower heads and taps, evaluation of care plans, the management of patients' monies, the system for retaining patients' monies in the bank account and patients' written agreements.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this 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 | *6 |

*The total number of areas for improvement includes one under the standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ann Keppler, 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 dated 27 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care, finance and estates inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and ‘Have We Missed You’ cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 23 September to 6 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)

- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from February 2019
- registered nurse competency and capability assessments
- staff supervision and appraisal schedule
- the annual quality report
- RQIA registration certificate
- three patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies, patients' fees, payments to the hairdresser and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund and patients' personal property
- a sample of statements from the patients' bank account and records of reconciliations of patients' monies
- financial policies and procedures

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

| Areas for improvement from the last care inspection | | |
|---|---|---|
| **Action required to ensure compliance with The Care Standards for Nursing Homes (2015)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 46<br><br>**Stated:** First time | 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. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the identified areas in bathrooms evidenced that this area for improvement had been met. | |

| **Area for improvement 2**<br><br>**Ref**: Standard 35<br><br>**Stated:** First time | 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. | **Partially met** |
|---|---|---|
| | **Action taken as confirmed during the inspection**:<br>Review of audits evidenced that a monthly record keeping audit was completed but infection prevention and control audits were carried out on an ad hoc basis. There was no audit schedule in place.<br><br>This area for improvement was partially met will therefore be stated for a second time. | |

## 6.2 Inspection findings

## 6.3 Is care safe?

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

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with staffing levels in the home. Staff commented that:

- "It's a really nice home to work in."
- "Every day is different, sometimes we are really busy but it's enjoyable."
- "I like working here."
- "Teamwork is great."

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

Patients and patients' visitors spoken with were during the inspection were satisfied with staffing levels. Patients told us that:

- "The staff are great but really busy."
- "Staff are good."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires: five responses were received from relatives, all of which indicated that they were very satisfied with staffing levels. Comments included:

- "Care is excellent, staff are brilliant, very caring and professional."
- "Totally happy with all aspects of my mother's care."

We observed that staff were very responsive to patient's needs and assistance was provided in a timely manner, call bells were answered promptly throughout the day.

We reviewed two staff recruitment and induction files and these evidenced that staff had been vetted prior to commencing employment to ensure they were suitable to work with patients in the home.

Staff spoken with told us that they had completed, or were in the process of completing, a period of induction and review of records confirmed this.

A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained. Registered nurses also completed a yearly competency and capability assessment although a specific schedule for this was not maintained. We discussed this with the manager and since the inspection we have received confirmation that a schedule has been developed.

The system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue and were aware of their duty to report concerns. Staff were also knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home. Staff were observed to carry out hand hygiene at appropriate times.

We reviewed the environment in the home and entered a selection of lounges, bedrooms, bathrooms, the dining room, laundry, the sluice, treatment room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Review of bathrooms evidenced that identified areas for improvement had been met. However, we did observe that several shower heads and identified taps required more frequent and effective cleaning to remove a build-up of limescale; an area for improvement was made. We also informed the estates inspector of our findings in this area for their information and review at the next premises inspection.

Bedrooms in the home were tastefully decorated and personalised with items that were obviously meaningful to the patients such as pictures and ornaments. Building work, of which RQIA had been appropriately notified, was ongoing in the home. The responsible individual, Patrick McAvoy, who was present for part of the inspection, told us that the building work was almost completed and had been organised in such a way as to ensure that there was no disruption to the patients or their daily routine. Fire exits and corridors were observed to be clear of clutter and obstruction.

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals. There was evidence of consultation with the patient and/or their representative in the care records reviewed.

Where practices were in use that could potentially restrict a patient's choice and control, for example, bed rails, the appropriate risk assessments and care plans had been completed. A rationale for use and consultation with the patient or their relative and/or key worker was recorded; consent was obtained where appropriate.

The manager confirmed that staff compliance with mandatory training was monitored and they were prompted when training was due. Staff spoken with were satisfied they had sufficient access to training.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

**Areas for improvement**

An area for improvement was identified in relation to ensuring effective cleaning of shower heads and identified taps.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1 |

### 6.4 Is care effective?

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

We observed the daily routine and the care given to patients and were satisfied that patients received the right care at the right time. Patients spoken with told us that their care needs were met.

Staff spoken with confirmed that they received a handover when they came on duty. They demonstrated their knowledge of patients' care needs and confirmed these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Review of three patients' care records evidenced that a range of validated risk assessments had been completed to inform care planning and there was evidence of consultation with other members of the multi-disciplinary team as required. In one of the three records reviewed we noted that evaluations of identified care plans had last been completed in June 2019. This was brought to the attention of staff who confirmed that evaluation was normally completed on at least a monthly basis; an area for improvement was made.

Patients' weights were monitored on at least a monthly basis and their nutritional needs had been identified. There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required.

Wound care records reviewed were up to date and maintained in accordance with NMC guidelines. Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulcers. We observed that the setting on a pressure relieving mattress for one identified patient was incorrect. We brought this to the attention of staff who assured us the patient had no pressure damage and immediately reset the mattress to the correct value.

A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary. Staff were knowledgeable regarding the actions to take to help prevent falls and how to manage a patient who had a fall. The relevant risk assessments and care plans had been reviewed and updated in the event of a fall.

We observed the serving of lunch in the dining room; there were two sittings to ensure the needs of all patients were appropriately met. The menu was on display, tables were attractively set and patients were offered a choice of napkins and/or clothing protectors. A selection of drinks and condiments was available. Staff demonstrated their knowledge of how to thicken fluids if required and which patients required a modified diet. The food smelled appetising and was well presented. Staff obviously knew the patients very well, they were aware of their likes and dislikes. Staff wore aprons and were appropriately seated beside patients they were assisting. Staff were seen to be very helpful to patients throughout the mealtime which was a calm and unhurried experience.

Patients spoken with following the meal said they had enjoyed their lunch; comments included:

- “Lunch was lovely.”
- “Lunch was grand.”
- “The food is lovely and if you don’t like it you can have something else.”

Snacks and drinks were also served regularly throughout the day. Food and fluid intake charts were maintained and the records reviewed were up to date.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of patients’ nutritional needs, falls, wound care and the meal time experience.

**Areas for improvement**

An area for improvement was identified in relation to ensuring care plans are evaluated on at least a monthly basis.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1 |

**6.5 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.**

We observed daily life in the home throughout the day and noted that staff displayed a consistently pleasant and caring approach to the patients. Patients were well presented and it was obvious that attention had been paid to all aspects of their personal care and grooming.

Observation of care delivery evidenced that staff treated patients with dignity and respect. Patients were offered choice and the daily routine appeared to be flexible according to patients' needs and wishes. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients' privacy.

During the inspection we spoke with 11 patients both individually and in small groups. Patients who were unable to communicate their views appeared to be content and settled. Patients who were able to express their views told us that they found living in Collegeland to be a good experience, comments included:

- "Staff have a chat and they listen to me."
- "The staff are friendly."
- "They definitely listen to me."
- "It's not home but I like the attention I get so that makes up for a lot."

Patient's visitors spoken with also commented positively about how they found life in the home for their relatives, they told us:

- "Care is excellent."
- "The home itself is excellent, very clean."
- "Staff are excellent."
- "Ann, Yvonne and all the staff deserve recognition for all their good work."
- "The girls are all great."
- "As a family we are happy with everything."
- "It's very good, great communication."

Patients and patients' visitors expressed their satisfaction with the levels of communication and consultation provided by staff.

A selection of activities tailored to meet the varied interests and preferences of the patients were available. In the morning we saw that the activity therapist was playing skittles with patients in one of the lounges. Other activities on offer included knitting, arts and crafts, rhythm and music sessions, drafts and chair aerobics. One to one activities such as manicures and hand massages were also provided. Staff used an Alexa to play music for patients; they told us that this had been a really useful addition to the home with patients thoroughly enjoying being able to listen to whatever music they liked so easily. The lounges were well equipped with televisions, magazines, newspapers, games and puzzles.

Patients' spiritual needs were recognised and provided for; singing services, religious services and a monthly Mass were held in the home to ensure all denominations were represented. The annual Harvest Festival was being planned for later in October. A coffee morning had taken place two weeks previously; the manager told us that they welcomed all visitors and that the patients especially enjoyed seeing children and pets in the home.

Not all patients wanted to take part in the activities; one told us that they were aware of these but that "activities are not really for me" and they preferred to their spend time reading or watching the television.

A record of compliments and thank you cards was maintained, comments included:

- "The staff are amazing, kind and compassionate."
- "I was always met with a warm welcome."
- "Thank you for all the care you provided."
- "The team were lovely, many went the extra mile."

We reviewed the 2018/2019 annual quality report; it was informative and included the views of patients, their relatives and staff which had been obtained through discussions, meetings and questionnaires.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, providing dignity and privacy, provision of activities, 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 |

**6.6 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.**

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded. Patients, visitors and staff spoken with were all on first name terms with the manager and told us that she was accessible and approachable. Staff spoken with told us that they felt supported and appreciated by both the manager and the responsible individual.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

A selection of governance audits were reviewed. However, whilst record keeping and falls audits were completed monthly, audits to review other areas such as infection prevention and control (IPC) measures, wounds, dining and hand hygiene were completed on an ad hoc basis. As a result an area for improvement, identified at the previous care inspection, relating to record keeping and IPC audits was partially met and will be stated for the second time.

There should be an effective system in place to monitor and evaluate the quality of nursing care and other services provided in the home and this was discussed with the manager. Following the inspection the manager provided RQIA with confirmation that an audit schedule had been developed and was now in use.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A record of any notifiable events reported to RQIA or other relevant bodies was maintained.

We reviewed a selection of monthly quality monitoring reports and found these to be comprehensive, informative and to include an action plan.

Review of an area for improvement, which had been identified during the last premises inspection, evidenced that repainting/reorganisation was required to a particular store room. However, following the inspection we received confirmation from the responsible individual that the required minor works had been completed and were assured that this area for improvement had been met.

**Management of service users' monies**

Financial systems in place at the home were reviewed; these included the system for recording transactions undertaken on behalf of patients, the system for retaining receipts from transactions, the system for recording the reconciliations of patients' monies, the system for recording patients' personal property and the system for retaining patients' personal monies.

A review of three patients' files evidenced that copies of signed written agreements were retained within two of the files. The two agreements in place showed the current weekly fee paid by, or on behalf of, the patients. Discussion with staff confirmed that the remaining agreement was still to be signed and returned by the patient's representative. The inspector highlighted that copies of written agreements should be retained within patients' files to show the current terms and conditions in place for each patient. This was discussed with the registered manager and identified as an area for improvement.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the Care Standards for Nursing Homes (April 2015) details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases reviewed.

A review of records evidenced that at the time of the inspection on 2 October 2019 a number of patients had insufficient funds to either purchase toiletries or pay for additional services e.g. hairdressing. Discussion with staff confirmed that toiletries and additional services were still purchased on behalf of the patients however; the monies used to make the purchases were taken from patients who had sufficient funds. These patients were refunded once monies were received

on behalf of those patients with negative balances. The inspector highlighted that patients with available funds should not be subsidising patients with insufficient funds. This was discussed with the registered manager and identified as an area for improvement.

The system for managing patients' monies was reviewed. Discussion with staff confirmed that a bank account was in place to retain patients' monies. Following the discussion the owner of the home agreed to review the current system for retaining monies in the bank account. This was identified as an area for improvement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to accessibility of the registered manager, management of complaints and incidents, reconciling patients' monies on a monthly basis, the system for recording transactions undertaken on behalf of patients, issuing receipts to the individual depositing monies on behalf of patients and the recording of patients' personal property.

**Areas for improvement**

Additional areas for improvement were identified in relation to the management of patients' monies for additional services, the system for retaining patients' monies in the bank account and patients' written agreements.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 3 |

## 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, 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**<br><br>**Ref**: Standard 35<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>1 November 2019 | The registered person shall ensure infection prevention and control audits are consistently carried out in accordance with the home's audit schedule.<br><br>Ref: 6.1 & 6.6 |
| | **Response by registered person detailing the actions taken:**<br>The registered manager has divised an audit schedule for infection prevention/control and is to ensure that they are completed on a monthly. |
| **Area for improvement 2**<br><br>**Ref**: Standard 46<br><br>**Stated:** First time<br><br>**To be completed by:**<br>15 October 2019 | The registered person shall ensure that shower heads and identified taps are effectively and regularly cleaned to remove limescale.<br><br>Ref: 6.3 |
| | **Response by registered person detailing the actions taken:**<br>Shower heads and identified taps have had any sign of limescale removed. Has been added to cleaning shedule. |
| **Area for improvement 3**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure that patient care plans are evaluated on at least a monthly basis.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The registered manager reminded Nursing Staff to evaluate patient care plans monthly. The manager will continue to complete monthly care records audits. |
| **Area for improvement 4**<br><br>**Ref**: Standard 2.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>8 November 2019 | The registered person shall ensure that up to date copies of signed written agreements are retained within patients' files. The agreements should show the current terms and conditions for each patient including the current fee paid by, or on behalf of, patients.<br><br>Ref:6.6 |
| | **Response by registered person detailing the actions taken:**<br>The registered person shall ensure that up to date copies of patient agreement are retined with care file. Those who have failed to return signed copy of patient agreenment are sent a reminder letter about same. Letters are sent out to NOK if there are any amendments to patient agreement. |

| | |
|---|---|
| **Area for improvement 5**<br><br>**Ref**: Standard 35.21<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 October 2019 | The registered person shall implement a system to ensure that patients' personal allowance monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.<br><br>Ref:6.6 |
| | **Response by registered person detailing the actions taken:**<br>All personal allowance monies are for the use of the named individual only. Monthly statements are made available for each NOK to show balance of PA. NOK have bee made aware by letter that PA should always be in credit. |
| **Area for improvement 6**<br><br>**Ref**: Standard 35.21<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 October 2019 | The registered person shall review the current system for retaining patients' monies in the patients' bank account as discussed during the inspection.<br><br>Ref: 6.6 |
| | **Response by registered person detailing the actions taken:**<br>The monthly PA statement details what is held in cash and in the Bank account. The bank account for PA has each transation allocated to an individual. |

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

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