



# Unannounced Follow-up Care Inspection Report 3 February 2020



## Collegeland Nursing Home

**Type of Service: Nursing Home**  
**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 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 34 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Roughan Care Ltd  <b>Responsible Individual(s):</b> Mr Patrick Anthony McAvoy	<b>Registered Manager and date registered:</b> Mrs Ann Keppler 14 August 2014
<b>Person in charge at the time of inspection:</b> Ann Keppler	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 28  A maximum of 8 patients in category NH-DE.

### 4.0 Inspection summary

An unannounced care inspection took place on 3 February 2020 from 09.50 hours to 14.50 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 DHSSPS Care Standards for Nursing Homes 2015.

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

The following areas were examined during the inspection:

- staffing-including deployment
- training
- environment
- care records
- management of service users' monies
- communication/consultation
- governance arrangements

Evidence of good practice was found in relation to staffing, the home's environment, care records, the culture and ethos and governance arrangements.

It was positive to note that areas for improvement identified at the previous inspection had been met and no new areas requiring improvement were identified.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ann Keppler, Manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 4 November 2019

The most recent inspection of the home was an announced variation to registration care and premises inspection undertaken on 4 November 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 and finance 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 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 27 January to 9 February 2020
- staff training records
- incident and accident records
- three patients’ care records including reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports
- a sample of individual written agreements
- a record of monies held in the patients’ comfort fund and bank account
- RQIA registration certificate

Areas for improvement identified at the last 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 previous inspection(s)**

Areas for improvement from the last care inspection		
	Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure infection prevention and control audits are consistently carried out in accordance with the home’s audit schedule.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                      Review of records evidenced that an audit schedule had been developed and infection prevention and control audits had been carried out accordingly.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patient care plans are evaluated on at least a monthly basis.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three patients' care records evidenced that care plans had been evaluated on at least a monthly basis.</p>		
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p>	<p>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.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of signed written agreements evidenced that these were up to date.</p>		
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p>	<p>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.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the responsible individual and review of records evidenced that a system had been implemented to ensure that patients' personal allowance monies were not used to purchase services for patients with insufficient funds.</p>		
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p>	<p>The registered person shall review the current system for retaining patients' monies in the patients' bank account as discussed during the inspection.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the responsible individual and review of records evidenced that the system for retaining patients' monies in the patients' bank account had been reviewed as discussed at the last inspection.</p>		

## 6.2 Inspection findings

### Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels, they commented that levels could “go up and down” but they had good support from the manager who listened to their views.

The manager told us that recruitment was underway for an activity therapist as the post was currently vacant. The manager and the responsible individual told us that they were keen to recruit a suitable candidate as soon as possible; they acknowledged the importance of providing patients with a positive and meaningful programme of events and activities.

Staff spoke positively about teamwork and working relationships in the home; comments included:

- “Teamwork is very good.”
- “The team is just great.”
- “It can be pressurised at times, we miss the activity therapist.”
- “I love it here.”
- “We all get on really well as a team.”
- “We are under pressure at times.”
- “The manager listens to us.”

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

The majority of patients spoken with indicated that they were satisfied with staffing levels; one patient commented that they had “a bit of a wait for staff on occasions”. We observed that patients who were in their rooms had call bells within reach and these were answered promptly. We made the manager aware of comments made by staff and patients for information and action as required.

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires. Three responses were received from relatives all of whom indicated that they were very satisfied with staffing levels and all other aspects of care provided in the home.

### Training

Discussion with the manager and review of training records evidenced that there was a system in place to monitor staff compliance with training in deprivation of liberty safeguards (DoLS). The majority of staff had completed mandatory training in this area; reminders had been sent to those few staff who still had to complete training. All staff spoken with during the inspection had completed training and demonstrated an awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them.

## Environment

We looked at the home's environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluice room, dining room and lounges. The home was found to be warm, well decorated, clean and fresh smelling throughout. Patients' bedrooms were personalised with items that were meaningful to them. Fire exits and corridors were observed to be clear of clutter and obstruction.

Patients spoken with were complimentary about the home's environment; they told us:

- "It's great, lovely and clean."
- "This place is absolutely great, so cosy."
- "It is very comfortable."

The manager told us that equipment in use was regularly checked to ensure this was in good condition; items such as commodes and shower chairs were replaced on a rolling basis. We observed that mattresses and bedrail bumpers in use were in good, clean condition.

We observed that a list of patients' names and their individual dietary requirements were on display in the dining room. However, patient information should be maintained in a confidential manner and not displayed within the home. We brought this to the attention of staff who immediately took action to remove the information from display and store it appropriately.

## Care records

We reviewed the care records for three patients and found these to contain a range of validated risk assessments which informed care planning for individual patients. There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required. Care plans had been reviewed on at least a monthly basis; this area for improvement had been met.

The care records for one patient who had a wound evidenced that wound care was provided according to the recommendations of the care plan and recording was up to date. Repositioning charts were maintained; the records reviewed were up to date and in accordance with the recommended frequency of turning for the individual patients.

## Management of service users' monies

Review of samples of signed written agreements evidenced that those examined were up to date; this area for improvement had been met.

A system had been implemented to ensure that patients' personal allowance monies were not used to purchase services for patients with insufficient funds; this area for improvement had been met.

Discussion with the responsible individual and review of patients' bank account records evidenced that the system for retaining patients' monies in the patients' bank account had been reviewed as discussed with the finance inspector at the previous inspection; this area for improvement had been met.



## Communication/consultation

Staff were observed to effectively communicate with patients; they obviously knew them well. We discussed the daily routine with patients who told us that they had choice and felt listened to; for example, they decided themselves when to get up and go to bed and whether to spend time in their rooms or in the communal lounges. We observed that patients were provided with daily newspapers, televisions were on and/or music was playing; the atmosphere throughout the home was calm and settled.

Some patients spoken with commented on the current lack of an activity therapist but they were aware that the manager was actively recruiting for a suitable person to fill the post. All patients spoken with were very satisfied with other aspects such as the care and food provided in the home; they told us:

- “I like it here.”
- “The food is good, they stuff you, there is always plenty.”
- “I’m happy enough here.”
- “The food is excellent.”
- “Staff are really helpful.”
- “I go to bed whenever I want.”
- “I’ve never had any complaints.”
- “The day is a bit boring as nobody is doing activities.”
- “The day can be a bit long; I miss the activity girl about.”
- “It’s grand here.”

We made the manager aware of comments made by patients for information and action as required. The manager told us that upcoming events had been planned, for example, afternoon tea and a harpist, singing groups and flower arranging; patients’ interests and preferences were taken into account when events were planned. When possible care staff were helping patients with suitable activities such as jigsaws and board games.

## Governance arrangements

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. There had been no change in management arrangements since the last inspection.

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Review of records evidenced that an audit schedule had been developed and infection prevention and control audits had been carried out accordingly; this area for improvement had been met. Audits were also completed to review areas such as falls, use of restrictive practices and wounds.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, the home's environment, care records, financial arrangements, communication and governance arrangements.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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