



Unannounced Care Inspection Report 4 February 2019



Copperfields

Type of Service: Nursing Home (NH)
Address: 1-3 Moore Street, Aughnacloy, BT69 6AX
Tel No: 028 8555 7922
Inspector: Jane Laird

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Edwards Enterprises N.I Ltd Responsible Individual: William Henry Hume Edwards	Registered Manager: Cherith McKeown
Person in charge at the time of inspection: Cherith McKeown	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 32 There shall be a maximum of 8 patients accommodated within category NH-DE and a maximum of 2 patients accommodated within category NH-LD/LD(E) with 1 additional named patient in category NH-LD(E). The home is also approved to provide care on a day basis for 1 person. There shall be a maximum of 5 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced focused inspection took place on 4 February 2019 from 08.15 to 14.15 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.

A notice of decision was issued on 11 January 2019 in relation to the home operating outside of the registered categories of care. The purpose of this inspection was to ensure that the home were complying with the categories of care as per the registration of the home and to assess progress with any areas for improvement identified during and since the last care inspection and to determine if improvements made had been sustained.

Mr Henry Edwards, responsible individual and Cherith McKeown, registered manager were present throughout the inspection and during feedback.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, infection prevention and control (IPC) practices, falls management, care delivery, record keeping, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified 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, governance arrangements, management of complaints and incidents, monthly monitoring visits, quality improvement and maintaining good working relationships.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	0

The inspection resulted in no areas for improvement. Findings of the inspection were discussed with Cherith McKeown, registered manager and Henry Edwards, responsible individual, 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 7 January 2019

The most recent inspection of the home was an unannounced pharmacy inspection undertaken on 7 January 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

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 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

During the inspection we met with 19 patients, two patient's representatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then to be placed in a prominent position to allow patients and their

relatives/representatives, 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 at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- staff training records
- two patient food, fluid and daily care records
- a selection of governance audits
- notifiable incidents to RQIA
- duty rota for all staff week commencing 28 January and 4 February 2019
- three patient care records
- public liability insurance
- the homes register of patients
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with the Care Standards for Nursing Homes 2015

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 7 January 2019

The most recent inspection of the home was an unannounced medicine inspection.

The completed QIP was returned and approved by the pharmacy inspector.

6.2 Review of areas for improvement from the last care inspection dated 9 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30	The registered person shall ensure that all notifiable events are notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: The inspector confirmed that notifiable events had been forwarded to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that nursing staff had carried out clinical/neurological observations, as appropriate following a fall and were appropriately recorded in the patient's care record.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1)(e)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that at all times admissions to the home are in accordance with the categories and conditions of care for which the home is registered with RQIA.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that the patients within the home were accommodated in accordance with the categories and conditions of care for which the home is registered with RQIA.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an appropriately appointed registered nurse is identified to oversee the day to day management and governance of the home. The identified person should have hours allocated that enable them to undertake their managerial responsibilities, the hours worked by the manager and in which capacity should be clearly reflected on the duty rota.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector confirmed that the hours worked by the manager and in which capacity were clearly reflected on the duty rota.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 43 Stated: First time</p>	<p>The registered person shall review lighting in all communal bathrooms/toilets and corridor areas and make any necessary repairs or improvements required.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that there was adequate lighting in communal bathrooms/toilets and corridor areas.</p>	
<p>Area for improvement 2 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall ensure that net pants are provided for each patient's individual use and not used communally.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that net pants were provided for each patient's individual use and not used communally.</p>	
<p>Area for improvement 3 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that staff wear appropriate PPE at mealtimes and that menus are displayed for patients in a suitable format and location on a daily basis, showing what is available at each mealtime.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that staff wore appropriate PPE at mealtimes and menus were displayed for patients in a suitable format on the day of inspection.</p>	
<p>Area for improvement 4 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that a robust auditing process is in place to provide governance and assurances over the provision of all aspects of nursing care and operations of the home.</p>	Met

	<p>Action taken as confirmed during the inspection: The inspector confirmed that a robust auditing process is in place to provide governance and assurances for the delivery of nursing care and operations of the home.</p>	
<p>Area for improvement 5 Ref: Standard 35 (7) Stated: First time</p>	<p>The registered person shall ensure that a monitoring report is completed on a monthly basis that reviews the quality of services in accordance with the homes written procedures. This should include comments made by patients about the quality of service and any actions taken to ensure that the home is being managed in accordance with legislation and standards.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that a monitoring report was completed on a monthly basis that reviews the quality of services in accordance with the homes written procedures.</p>	Met

6.3 Inspection findings

6.3.1 The Patient Experience

We arrived in the home at 08.15 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Staff were serving breakfast and assisting patients with their needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home's environment.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality and staff were observed logging out of the electronic recording system after use to prevent unauthorised individuals from gaining access. This was commended by the inspector and shared with the registered manager as an example of good practice.

We observed the serving of the lunchtime meal. Lunch commenced at 12.00 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Consultation with 19 patients individually, and with others in small groups, confirmed that living in Copperfields was a positive experience.

Patient comments:

- "I love living in Copperfields, the staff are my family. I love them all"
- "Nurses are great here"
- "I like living here"
- "Staff all good"
- "It's like a hotel here"
- "The food is good"
- "Very well looked after"
- "It's the best place in the North of Ireland. The staff are brilliant"

Representative's comments:

- "It's very good here"
- "If you ask for something, nothing is a problem"
- "The staff are all very good"
- "The home is great"

During the inspection we met with two patient's representative who were complimentary of the homes environment and did not raise any concerns. One relative stated that the home was great and their relative is very happy living in Copperfields. We also sought relatives' opinion on staffing via questionnaires. Five questionnaires were returned from patients' representatives. One questionnaire was returned from a patient and three questionnaires were returned which did not state if they were a patient or a patients representative. The respondents were very satisfied with the service provision across all four domains.

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

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

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Staffing provision

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 week commencing 28 January and 4 February 2019 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff comments included; "I love working here". "Feel very supported by management". It was also positive to note that some of the staff have been working within Copperfields for 20 years. We also sought staff opinion on staffing via the online survey. There was no response in the time frame provided.

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 needs in a caring and prompt manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Copperfields. We also sought the opinion of patients on staffing via questionnaires. One questionnaire was returned from a patient. The respondent was very satisfied with the service provision across all four domains.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff meetings are held quarterly and the minutes were available on the day of inspection.

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Staff Training

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018/2019. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of DHSSPS Care Standards for

Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient and there was evidence of regular communication with representatives within the care records. We reviewed the management of nutrition, patients' weight and management of falls. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. One patients care plans and risk assessments were several days overdue from the review date, this was discussed with the registered manager who updated the patient's records immediately and confirmed that all patient records were in the process of being transferred from hard copy onto a new electronic recording system. The registered manager further discussed the auditing process that the new electronic system will provide whereby all records that are due for review will be highlighted to alert the staff so as to reduce the risk of care plans and risk assessments not being updated. This was commended by the inspector.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Staff were enthusiastic about the new electronic recording system and were able to input supplementary care records such as food and fluid intake and daily care records. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the SALT or the dietician. Care records were well maintained and demonstrated commitment from the nursing team. This is to be commended.

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and fresh smelling throughout.

The door to the staff changing room had material around the handle which prevented the door from closing fully. This was discussed with the registered manager who removed the material immediately and provided assurances that this would be monitored closely to prevent recurrence. The door to a commode store was also identified as not being able to close properly. The responsible individual confirmed that the fire risk assessor for the home was aware and had arranged a planned visit to the home so that suitable actions would be implemented.

Two of the homes sluice rooms were unlocked with chemicals easily accessibly within. This was discussed with the registered manager and responsible individual who acknowledged the importance of securing chemicals and advised that locks would be installed immediately. Following the inspection the registered manager confirmed that locks had been installed.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were consistently adhered to. Staff were observed utilising the correct personal protective equipment (PPE) and washing their hands before and after patient contact.

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.6 Management and Governance of the home

Since the last inspection a deputy manager has been employed to support the registered manager with the overall governance of the home. A review of the duty rota evidenced that the registered managers hours, and capacity in which these were worked were recorded, however, the full names and job title of staff were not consistently recorded within the rotas. This was discussed with the registered manager and a copy of the amended rota was forwarded to RQIA following the inspection. Discussion with the staff and patients evidenced that the registered managers working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the registered manager. The name of the nurse in charge was also highlighted on the rota.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home. This was commended by the inspector.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, review of the homes register and observations confirmed that the home was operating within the categories of care registered.

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

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with the Care Standards for Nursing Homes, 2015. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

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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