



Unannounced Care Inspection Report 9 September 2018



Copperfields

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

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 care for up to 32 persons.

3.0 Service details

<p>Organisation/Registered Provider: Edwards Enterprises N.I. Ltd</p> <p>Responsible Individual: Mr William Henry Hume Edwards</p>	<p>Registered Manager: Josie Lynch (Acting)</p>
<p>Person in charge at the time of inspection: Catherine Keenan – registered nurse – from 10.05 to 14.00 Marie McAleer – registered nurse – from 14.00 to 16.05</p>	<p>Date manager registered: No application required</p>
<p>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.</p>	<p>Number of registered places: 32</p> <p>There shall be a maximum of eight patients accommodated within category NH-DE and a maximum of two patients accommodated within category NH-LD/LD(E). The home is also approved to provide care on a day basis for 1 person.</p> <p>There shall be a maximum of four named residents in receipt of residential care.</p>

4.0 Inspection summary

An unannounced inspection took place on 9 September 2018 from 10.05 to 16.05 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 the holistic culture and ethos of care delivery, communication between staff and patients, staff awareness relating to adult safeguarding and teamwork.

Areas requiring improvement were identified and include the completion of notifiable events to RQIA, post falls management and the provision of adequate lighting throughout the home. Further areas for improvement also included the mealtime experience, communal use of net pants, adherence with registered categories of care, management and governance arrangements.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. 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	4	5

Details of the Quality Improvement Plan (QIP) were discussed with Mr Edwards, responsible individual, and Marie McAleer, registered nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 20 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 February 2018. 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
- pre-inspection audit

During the inspection the inspector met with four patients and 13 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten 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 nurse in charge with 'Have we missed you cards' which were then 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 on the front door of the home.

The following records were examined as part of the inspection process:

- a sample of governance audits
- incident and accident records
- duty rota for all staff from 13 August to 16 September 2018
- three patient care records
- sample of patient care charts including food and fluid intake charts and reposition charts
- complaints record
- compliments received
- RQIA registration certificate
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)

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 20 February 2018

The most recent inspection of the home was an unannounced medicines management inspection.

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

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

6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge confirmed the planned daily staffing levels for the home. A review of the staffing rota from 13 August to 16 September 2018 evidenced that the 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 needs in a timely and caring manner. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff who met with the inspector were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Copperfields.

On the day of inspection the inspector was unable to access and review staff recruitment files; these will therefore be reviewed at the next care inspection.

Records submitted post inspection provided assurances that a robust process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

On the day of inspection the inspector was unable to access and review staff training records, these will therefore be reviewed at the next care inspection. However staff who met with the inspector were able to discuss the different trainings that they had attended, observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records and noted a recent accident when a patient had fallen and sustained an injury to their head however no notification in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 had been seen to RQIA, this was discussed with the responsible individual and an area for improvement under the regulations made. The inspector also noted that there was no evidence available to provide assurances that central nervous system (CNS) observations had been completed for the patient given the nature of the injury sustained, an area for improvement under the regulations was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. However in one shower room the inspector observed a shower chair in a state of disrepair, confidential information and COSHH items left unattended, this was discussed with the nurse in charge and all matters were immediately addressed and assurances provided. The inspector noted a number of areas including bathrooms and corridors where the lighting was either broken or inadequate, this was discussed with the responsible individual and an area for improvement under the standards was made.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was consistently adhered to. However it was discussed with housekeeping and nursing staff that the practice of placing cloth hand towels

in communal bathrooms/toilet areas should cease, this was immediately addressed on the day of inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements and the responsiveness of staff to patient's needs.

Areas for improvement

Areas for improvements have been made in relation to the completion of notifiable events to RQIA, post falls management and provision of adequate lighting throughout the home.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Review of three patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care plans were person centred and were evaluated monthly except in the case of one patient; this was discussed with the nurse in charge for their attention.

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. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

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. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home; the inspector was informed that a recent team meeting had been carried out the week prior to the inspection. Prior to this the last recorded team meeting had been carried out in January 2018; the responsible individual was reminded to ensure that team meetings are conducted at least quarterly.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to liaising with other members of the multi-professional team, teamwork and communication between patients and staff.

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 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 arrived in the home at 10.05 and were greeted by staff who were helpful and attentive. Patients had not long finished enjoying their breakfast in the dining room or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed 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.

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, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Within the laundry area the inspector observed that ‘net pants’ were being laundered and used communally, as a result an area for improvement under the standards was made.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed discreetly assisting patients with their meal. Condiments were available for patient use if required. 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. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. There was a choice of two main courses available and a rotational four week menu was in place. Food being served to patients in their room was observed to have been transported covered. However the inspector observed that staff were not wearing appropriate PPE when serving the lunchtime meal and the menu for the day had not been displayed in an appropriate format. These concerns were discussed with the responsible individual and an area for improvement under the standards was made.

Consultation with four patients individually, and with others in smaller groups, confirmed that they were happy and content living in Copperfields. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“...thank you to all the staff of Copperfields for the excellent nursing care they provided to our mother whilst she was in your care”.

At the time of writing this report no responses to questionnaires, left in the home for patients and their representatives, had been received by RQIA.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, staff knowledge of patients’ wishes, preferences and assessed needs.

Areas for improvement

An area for improvement under the standards was made in relation to the mealtime experience and communal use of net pants.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with staff, and a review of records, evidenced that there had been some additional admissions of residential clients. This was discussed with the responsible individual and an area for improvement under the regulations was made and a variation was submitted and approved post inspection. The matter will be further followed up between RQIA and the responsible individual. A valid certificate of employer’s liability insurance was also displayed.

Since the last inspection of the home an acting manager arrangement has been in place. Discussion with staff and a review of duty rota's did not provided assurances that the acting manager's current working patterns supported effective managerial oversight in relation to the day to day running of the home including engagement with patients, their representatives and the multi-professional team. This was discussed with the responsible individual for their urgent attention and an area for improvement under the regulations was made.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015; however the inspector noted that there had been no recorded complaints since September 2013. The responsible person was reminded to ensure that all areas of dissatisfaction are recorded along with any action taken. The complaints procedure was displayed in areas throughout the home.

Discussion with the responsible individual and review of records submitted post inspection failed to evidence that a robust system of governance was in place in order to assure the quality of care and services, an area for improvement under the standards was made.

Discussion with the responsible individual confirmed that quality monitoring visits in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 not been required due their daily contact with the home. In the absence of a Regulation 29 report the responsible individual was advised that in accordance with Standard 35 of The Care Standards for Nursing Homes 2015, the registered person is required to monitor the quality of services in accordance with the home's written procedures, and is to complete a monitoring report on a monthly basis, an area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

Areas for improvements have been made in relation to adherence with registered categories of care, management arrangements, governance arrangements and the completion of a monitoring report on a monthly basis.

	Regulations	Standards
Total number of areas for improvement	2	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 Mr Edwards, responsible individual, and Marie McAleer, registered nurse, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediate action required	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. Ref: Section 6.4
	Response by registered person detailing the actions taken: All notifiable events will be / are notified to RQIA
Area for improvement 2 Ref: Regulation 13 (1) (a)(b) Stated: First time To be completed by: Immediate action required	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. Ref: Section 6.4
	Response by registered person detailing the actions taken: All clinical / neurological observations will be / are appropriately recorded in the patients care record

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (1)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: We are still in discussion with the RQIA re. this matter</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager is in place</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</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> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A review of all lighting has taken place</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that net pants are provided for each patient's individual use and not used communally.</p> <p>Ref: Sections 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All net pants have been removed</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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> <p>Ref: Sections 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: This has been actioned</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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> <p>Ref: Sections 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Has now been updated</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: Sections 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The Home has always been managed in accordance with legislation and standards</p>

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



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