



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 23 May 2019



## Copperfields

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 32 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Edward Enterprises N.I Ltd</p> <p><b>Responsible Individual:</b> William Henry Hume Edwards</p>	<p><b>Registered Manager and date registered:</b> Cherith McKeown 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Cherith McKeown</p>	<p><b>Number of registered places:</b> 32 comprising: 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). 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.</p>
<p><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30</p>

### 4.0 Inspection summary

An unannounced focused inspection took place on 23 May 2019 from 10.00 hours to 15.00 hours.

The purpose of this inspection was to ensure that the home was complying with the conditions imposed on the registration in relation to the categories of care within the home.

A notice of decision was issued on 13 February 2019 in relation to the home operating outside of the registered categories of care. The notice confirmed the following conditions on the registration of Copperfields.

- The registered person must notify RQIA in advance of every admission to the nursing home, identify the patient's name, category of care under which they are admitted and the contact details of the care manager from the referring trust.
- The registered person must ensure that a record of the occupancy of the home, in respect of the categories of care, is maintained and included in the Regulation 29 report. This report should be submitted to RQIA on a monthly basis.

Mr Henry Edwards, Responsible Individual and Cherith McKeown, Registered Manager were present throughout the inspection and during feedback. There was evidence that the home were operating within the registered categories of care and following the inspection a decision was made to remove the conditions from the certificate of registration and a letter confirming this was forwarded to the responsible individual on 31 May 2019.

Evidence of good practice was found in relation to care delivery, 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.

Areas requiring improvement were identified in relation to fire safety, environment and record keeping.

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 others/with staff.

Comments received from patients, people who visit them, professionals 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>	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Cherith McKeown, Registered Manager, and Henry Edwards, responsible individual, 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 4 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 February 2019.

No further actions were required to be taken following the most recent inspection on 4 February 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous 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 13 May 2019 to 26 May 2019
- staff training records
- the homes register of patients
- three patient care records
- three patient care charts including food and fluid intake charts
- a sample of monthly quality monitoring reports from March 2019
- RQIA registration certificate

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 outstanding areas for improvement from previous inspection

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

## 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.**

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 13 May 2019 and 20 May 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 plus 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. Unfortunately there was no response in the time frame allocated.

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 comfortable throughout. We observed a bedroom door propped open with a foot stool and a fire door on the first floor wedged open during the inspection. On discussion with staff it was identified that this was custom and practice. The wedging open of a fire door renders that door ineffective and raises a significant risk to the welfare of patients. This was discussed with the registered manager and an area for improvement was identified.

We identified a window restrictor that was loose on the first floor and several more that were worn. This was discussed with the registered manager and the responsible individual who replaced the loose connection on the window immediately. The registered manager was asked to carry out a risk assessment of all window restrictors immediately to ensure that the restrictors are suitable and that they cannot be tampered with or removed easily. During the inspection we also identified bed frames and bed side drawers that were chipped therefore resulting in them not being able to be effectively cleaned. A review of patient equipment was also discussed with the registered manager and assurances were provided that damaged furniture would be repaired or replaced as necessary. The aligned RQIA estates inspector for the home was notified of the above findings and an area for improvement was identified.

We discussed the provision of mandatory training with staff and reviewed staff training records for 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 and dates for fire awareness training were scheduled for June 2019. 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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and adult safeguarding.

### Areas for improvement

The following areas were identified for improvement in relation to fire safety and the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

#### 6.4 Is care effective?

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

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.

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 dietitians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. Supplementary care charts such as food and fluid intake evidenced that contemporaneous records were not always maintained.

On review of fluid intake charts it was identified that set fluid intake targets were not consistently met and where targets were set they generally averaged as a lower intake than the total recommended daily intake with no comment within the daily notes of any action taken. On review of three patients care records it was identified that not all care plans were in place for identified medical conditions. We discussed the above findings with the registered manager who acknowledged the shortfalls in the documentation and agreed to review all patients' medical

history, update care plans accordingly and communicate with the registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement.

The dining room was well presented with table clothes, condiments and a range of drinks available at each table. Lunch commenced at 12.15 hours and patients were assisted to the dining room or had trays delivered to them as required. Patients received food and fluids which met their individual needs and took into account their preferences. Staff were observed assisting patients with their meal appropriately in an unhurried manner. One patient told us “The food is very good”. Another patient said “great food here”.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. One staff member said “The team work is great here”, “Really good handovers”. Other comments included; “We work well as a team” and “Good handovers”.

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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

### Areas for improvement

The following area was identified for improvement in relation to record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 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.**

Staff interactions with patients were observed to be compassionate and caring and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect. Consultation with 14 patients individually, and with others in small groups, confirmed that living in Copperfields was a positive experience.



Patient comments:

- “Looking after me well”
- “Care is very good. Need more activities”
- “The food is very good”
- “Very nice here. Lovely and clean”
- “They are all very good”

During the inspection we met with five patient representatives who were very complimentary of the homes environment and did not raise any concerns.

- “They are all great here”
- “Staff are very good. No concerns”
- “..... speaks very highly of the staff”

We also sought relatives’ opinion on staffing via questionnaires. Two questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains.

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

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’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment.

### Areas of good practice

There were examples of good practice found throughout the inspection 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.

### Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home detailing the conditions from the notice of decision issued on 13 February 2019. The registered manager evidenced that there was a robust system in place to identify the categories of care within the home and the processes involved to ensure that the home continue to operate within the categories of care registered. Discussion with staff, review of the homes register and observations confirmed that the home was operating within the categories of care registered and a decision was made by RQIA to remove the conditions on the 31 May 2019. A certificate of registration to reflect the removal of the conditions was then issued.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual and were forwarded to RQIA monthly. The reports included all admissions and discharges to and from the home and the category of care in which they were being cared for. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and good working relationships.

### Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cherith McKeown, Registered Manager, and Henry Edwards, Responsible Individual, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With Immediate effect	The registered person shall ensure that fire doors are not propped open to ensure the safety and wellbeing of patients in the home.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> This has been addressed
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (b) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall, having regard of the number and needs of the patients, ensure that: <ul style="list-style-type: none"> <li>• window restrictors are reviewed on a monthly basis and repaired/replaced as necessary. A record of these checks are maintained for inspection</li> <li>• equipment/furniture provided by the home for a patient is kept in good state of repair. Damaged equipment/furniture is repaired or replaced as necessary.</li> </ul> Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> This has been addressed
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 July 2019	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.  Specific reference to care plans and daily records: <ul style="list-style-type: none"> <li>• Action taken should be documented within daily records when set fluid targets have not been maintained</li> <li>• Care plans should reflect the patients' medical history</li> <li>• Care plans should be personalised to reflect the patients current needs</li> </ul> Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Nurses and cares have been made aware of and are currently addressing the issues outlined

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



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