



Unannounced Care Inspection Report 16 January 2020



Copperfields

Type of Service: Nursing Home
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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

<p>Organisation/Registered Provider: Edwards Enterprises N.I Ltd</p> <p>Responsible Individual: William Henry Hume Edwards</p>	<p>Registered Manager and date registered: Cherith McKeown 1 April 2005</p>
<p>Person in charge at the time of inspection: Cherith McKeown</p>	<p>Number of registered places: 32 There shall be a maximum of 8 patients accommodated within category NH-DE and a maximum of 1 patient 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 in category RC-I and 1 named patient in category NH-PH.</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 patients accommodated in the nursing home on the day of this inspection: 32 and one patient receiving care on a day basis.</p>

4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 10.25 hours to 18.00 hours.

The term 'patient' is used to describe those living in Copperfields which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home 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.

An area for improvement in respect of the previous pharmacy inspection has also been reviewed and validated as being met.

Evidence of good practice was found in relation to communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to supplementary recording charts and governance of quality assurance audits. An area for improvement identified at the previous inspection in relation to record keeping had not been fully met and has been stated for a second time.

Patients described living in in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Cherith McKeown, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 23 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 May 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 inspection findings including pharmacy, 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 6 January 2020 to 19 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff competency and capability assessments
- a sample of incident and accident records
- two staff recruitment and induction files
- three patient care records
- four patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- complaints record
- a sample of reports of visits by the registered provider from November 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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 27 (4)(b) Stated: First time	The registered person shall ensure that fire doors are not propped open to ensure the safety and wellbeing of patients in the home.	Met
	Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard of the number and needs of the patients, ensure that:</p> <ul style="list-style-type: none"> • window restrictors are reviewed on a monthly basis and repaired/replaced as necessary. A record of these checks are maintained for inspection • 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. 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment and governance records confirmed that this area for improvement had been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>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.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • Action taken should be documented within daily records when set fluid targets have not been maintained • Care plans should reflect the patients' medical history • Care plans should be personalised to reflect the patients current needs 	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of patient care records evidenced that this area for improvement had not been fully met. This is discussed further in 6.3.</p> <p>Therefore this area for improvement is stated for a second time.</p>		

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall ensure that medicines management audits are completed regularly.	Met
	Action taken as confirmed during the inspection: Review of a sample of governance audits confirmed that this area for improvement had been met.	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 10.25 hours and were greeted by the manager and staff who were friendly and welcoming and appeared confident in their role and delivery of care. Patients were mainly in one of the lounges having had their breakfast. Some patients remained in their bedroom in keeping with their personal choice, whilst other patient's needs were being attended to by staff.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Copperfields. One patient stated; "We have everything we need" with another stating "Staff are looking after me well". We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

Staffing rotas for weeks commencing 6 January 2020 and 13 January 2020 were reviewed which evidenced that there were adequate numbers of staff employed to ensure patients were kept safe and their social and physical needs are met in a timely manner.

A discussion with staff evidenced that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by management, comments included;

- "Very happy here."
- "Great place."
- "Feel very supported by management."
- "Excellent team."

We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

Review of two staff recruitment files confirmed staff were consistently recruited in accordance with relevant statutory employment legislation and mandatory requirements. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. The manager informed us that all new staff had induction training which was confirmed by the staff on duty. One staff member said “Good induction”, “Lots of training here”. Review of records evidenced that a system was in place to monitor staffs registration with their relevant professional bodies. There was evidence that registered nurses completed a competency and capability assessment yearly to ensure that they are competent to take charge of the home in the absence of the manager.

A number of audits were completed to assure the quality of care and services; areas audited included medicines management, quality care/environment, nutrition, continence and falls. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. However, a number of audits had not been included in the monthly review such as care records and wound care which evidenced a number of deficits within the documentation. This is discussed further in 6.4 and 6.6.

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

On discussion with the manager regarding staff supervision/appraisal and review of staff training in mandatory topics evidenced that there was no clear system in place to direct the manager when staff supervision/appraisal and mandatory training was next due. We further identified that training was required specifically in regards to deprivation of liberty and wound care. We discussed this with the manager who acknowledged that a more robust system is required and agreed to implement a matrix system. Following the inspection the manager confirmed in writing that a matrix planner for staff supervisions/appraisals and mandatory training had been implemented and training dates were provided in relation to wound care. The manager also confirmed that a number of staff had completed deprivation of liberty training with further dates to follow.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction and the home’s environment.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

We reviewed three patients care records on the management of nutrition, patients' weight, management of infections and wound care and identified a number of deficits. On review of one patient's care plan for diet and nutrition the dietary type and fluid consistency was not recorded to direct the relevant care. There were inconsistencies within another patient's care records regarding the recommended fluid consistency and a number of care plans were absent from identified patients care records in relation to current medical conditions. The manager acknowledged the above deficits in record keeping and agreed to communicate with relevant staff regarding the importance of accurately documenting within patient care records to direct the care required and to update all necessary records. This was identified as an area for improvement at the previous inspection as mentioned in 6.1 and has been stated for a second time. This is discussed further in 6.6.

On review of the repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan. We further identified that a number of charts had not been saved to the computerised system and dietary/fluid intake records as previously stated were inconsistent in relation to the dietary type/fluid consistency. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure area care and dietary requirements. This was identified as an area for improvement.

As previously discussed in 6.3 a number of deficits within wound care documentation was identified. On review of one patient's care records it was identified that there was incorrect grading of a wound by staff with gaps in the recommended frequency of dressing renewal. We acknowledged that the patient's wound had healed and there were currently no other patients with wounds in the home but advised that a more robust oversight from management is implemented to ensure that care plans and wound care documentation accurately reflect the prescribed care. This is discussed further in 6.6.

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.

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 supplementary recording charts.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events where staff facilitated the patient's favourite music or television programme.

The dining rooms and tables were well presented with place mats, condiments and a range of drinks available. Lunch commenced at 12.15 hours and patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately in an unhurried manner. One patient told us "Great food here". Another patient said "There are many choices regarding food". The menu was not on display within the dining rooms and the manager agreed to review the current system for displaying menus. This will be reviewed at a future inspection.

Consultation with 12 patients individually, and with others in small groups, confirmed that living in Copperfields was a positive experience.

Patient comments:

- "Staff are looking after me well."
- "Staff are always here if you need them."
- "Great food here."
- "Happy here."
- "The staff are all especially good to me."
- "Staff are very friendly."
- "I love it here."

Patient Representatives comment:

- "The care is amazing."
- "Staff are very attentive."
- "Always hear very good comments about Copperfields in the community."
- Very happy here."

We also sought relatives' opinion on staffing via questionnaires. There was no response in the time frame provided.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, 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
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

As previously discussed in 6.3 a number of governance audits specific to care records and wound care documentation had not been completed and a number of deficits were identified as discussed in 6.4. The manager acknowledged the importance of completing such audits and confirmed that the current auditing system was under review to include care records and wound care documentation. This was identified as an area for improvement.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed, however, we identified that a conversation had taken place between a relative and the manager regarding an expression of dissatisfaction with aspects of care delivery which had not been entered into the complaints ledger. This was discussed with the manager who agreed to ensure that such conversations would be recorded appropriately going forward and to document whether the complainant is satisfied with the outcome. This will be reviewed at a future inspection.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives. A number of deficits were identified within the reports that were not in keeping with the daily conduct of the home and following the inspection assurances were provided that this had been addressed by the responsible individual.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Comments included; “Manager very approachable”, “Excellent team” and “Feel very supported in my role”.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to governance of quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

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, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 16 February 2020</p>	<p>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.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • Action taken should be documented within daily records when set fluid targets have not been maintained • Care plans should reflect the patients' medical history • Care plans should be personalised to reflect the patients current needs <p>Ref: 6.1 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Additional updated training has been provided for the Registered Manager and the Senior Nurse. Monthly audits will now take place and will be rigorously checked by the Registered Provider / Registered Manager.</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>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to repositioning and fluid intake care plans and recording charts:</p> <ul style="list-style-type: none"> • The recommended frequency of repositioning should be recorded within the patients care plan and reflect the recorded change of position within the recording chart • Dietary type and fluid consistency should be recorded within the patients care plan and recording chart to direct relevant care. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Additional updated training has been provided for the Registered Manager and the Senior Nurse. Monthly audits will now take place and will be rigorously checked by the Registeredr Provider / Registered Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p>

<p>Stated: First time</p> <p>To be completed by: 16 February 2020</p>	<p>With specific reference to:</p> <ul style="list-style-type: none"> • wound care • care records <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Additional updated training has been provided for the Registered Manager and the Senior Nurse. Monthly audits will now take place and will be rigorously checked by the Registered Provider / Registered Manager.</p>

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



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