



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Corkhill Care Centre (1483)
Date of Inspection: 01 December 2014
Inspector's Name: Heather Moore
Inspection ID: IN017153

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS

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1.0 GENERAL INFORMATION

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|---|---|
| Name of Home: | Corkhill Care Centre |
| Address: | 27 Coolmaghery Road Donaghmore Dungannon BT70 3HJ |
| Telephone Number: | 028 8776 7362 |
| E mail Address: | lodge.corkhill@btopenworld.com |
| Registered Organisation/ Registered Provider: | Corkhill Care Centre Mr Thomas Potts Mrs Margaret Potts |
| Registered Manager: | Ms Una McTaggart |
| Person in Charge of the home at the time of Inspection: | Ms Una McTaggart |
| Categories of Care: | RC-I, RC-PH, NH-LD, NH-LD(E), RC-DE, NH-DE, NH-I, NH-PH |
| Number of Registered Places: | 48 |
| Number of Patients /Residents Accommodated on Day of Inspection: | 8 RC-DE 1 RC 16 NH-DE 19 NH-I 44 |
| Scale of Charges (per week): | £581.00 Nursing £481.00 Residential |
| Date and type of previous inspection: | 10 September 2013 Primary Announced |
| Date and time of inspection: | 01 December 2014: 8.55am to 1.15pm |
| Name of Inspector: | Heather Moore |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS / PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Focus

During the course of the inspection, the inspector spoke with:

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|------------------------|-----------|
| Patients/Residents | 10 |
| Staff | 8 |
| Relatives | 1 |
| Visiting Professionals | 0 |

Questionnaires were provided by the inspector, during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

| Issued to: | Number Issued | Number Returned |
|-----------------------------|----------------------|------------------------|
| Patients /Residents | 6 | 6 |
| Relatives / representatives | 1 | 1 |
| Staff | 10 | 8 |

6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

7.0 Profile of Service

Corkhill Care Centre is registered to provide care to a maximum of 48 persons requiring both nursing and residential care.

The home is registered to provide care for persons under the following categories of care:

| | |
|-----------------------|---|
| Nursing Care - I | Old age not falling into any other category |
| Nursing - DE | Dementia |
| Nursing - PH | Physical disability other than sensory impairment |
| Residential Care - I | Old age not falling into any other category |
| Residential Care - DE | Dementia |

The home is located in the countryside near the village of Donaghmore and currently comprises of 43 single bedrooms and three double bedrooms.

There are four sitting rooms, two dining rooms for patients and residents use, one main kitchen and a serving snack kitchen is located within the dementia unit. A coffee corner is available on the first floor for patients, residents and relatives use.

Bathroom/washing/toilet facilities, a laundry, staff accommodation and offices are provided.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed and was appropriately displayed in the foyer of the home.

8.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Corkhill Care Centre. The inspection was undertaken by Heather Moore on 01 December 2014 from 8.55am to 1.15pm.

The inspector was welcomed into the home by Sister, Rose McCann; Ms Una McTaggart Registered Manager was also available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and residents, one visiting relative, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 10 September 2013 five recommendations were issued. These were reviewed during this inspection. The inspector evidenced that these recommendations had been complied with. Details can be viewed in the section immediately following this summary.

Discussion with the registered manager, a number of staff, patients and residents and review of three patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction and staff had also received additional training on continence awareness on 18 June 2014. A recommendation is made that registered nurses as appropriate are trained in male catheterisation.

Currently a continence link nurse was appointed in the home to manage continence

Examination of three care records confirmed a good standard of documentation.

A regular review of the management of patients and residents who were incontinent was undertaken and the findings were acted upon to enhance already good standards of care.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as compliant.

One recommendation is made. This recommendation is detailed in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, and residents, registered manager, residential manager, nursing sister, registered nurses and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------|---|---|---|
| | | No requirements were made as a result of this inspection. | | |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| 1 | 25.12 | It is recommended that details in reports of unannounced visits undertaken under Regulation 29 be discussed with staff during staff meetings/forums. | Inspection of a sample of Regulation 29 reports confirmed that details in reports of unannounced visits were discussed with staff during staff meetings on 28 July 2014 and 26 November 2014. | Compliant |
| 2 | 12.5 | It is recommended that patients' and residents' fluid charts reflect times that patients are offered fluids especially during evening and night time hours. | Inspection of a sample of patients' and residents' fluid charts confirmed that these charts were recorded appropriately. | Compliant |
| 3 | 11.3 | It is recommended that the patients are repositioned in bed in accordance with the care prescribed for patients. | Inspection of a sample of patients repositioning charts confirmed that these charts were recorded appropriately. | Compliant |
| 4 | 30.5 | It is recommended that the catering staffing levels for weekends be reviewed with a view to increasing these. | Discussions with the registered manager and inspection of staff duty rosters confirmed that since the previous inspection the catering staffing levels were increased, currently an additional catering assistant is allocated 9am to 2pm seven days per week. | Compliant |
| 5 | 13.5 | It is recommended that mobile multisensory equipment be provided | Observation during a tour of the home confirmed that mobile multi-sensory equipment was provided in the dementia units for sensory stimulation for patients and | Compliant |

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| | | in the dementia units for sensory stimulation for patients and residents. | residents. | |
|--|--|---|------------|--|

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

| Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort. | COMPLIANCE LEVEL |
|---|------------------|
| Inspection Findings: Review of three patients'/residents' care records revealed that bladder and bowel continence assessments were undertaken for these patients and residents. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate monthly. The promotion of continence, skin care, fluid requirements and patients' and the resident's dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patient/resident and their relatives' involvement in developing and agreeing care plans. Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home. | Compliant |
| Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis. | COMPLIANCE LEVEL |
| Inspection Findings: The inspector can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care. | Compliant |

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| <p>The inspector can also confirm that the following guideline documents were in place;</p> <ul style="list-style-type: none"> • Nice Guidelines on Faecal incontinence • Nice Guidelines on urinary incontinence. <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p> | |
| <p style="text-align: center;">STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.</p> | |
| <p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings:</p> | |
| <p>Not applicable.</p> | Not Applicable |
| <p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings:</p> | |
| <p>Discussion with the registered manager and review of the staff training records revealed that staff were trained in continence care on induction. Staff had also received training on continence care on 18 June 2014. A recommendation is made that staff as appropriate are trained in male catheterisation.</p> <p>Discussion with the registered manager revealed that all the registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances.</p> <p>The registered manager informed the inspector that currently monthly reviews of patients and residents who were incontinent were undertaken in the home to enhance continence care. This is good practice.</p> | Compliant |

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| <p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p> | <p>Compliant</p> |
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

11.2 Patients', Residents' and Relative's Comments

During the inspection the inspector spoke to 10 patients and residents individually and to others in groups. Six patients and residents also completed questionnaires. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home.

Examples of patients' and residents' comments were as follows:

- "I am very happy."
- "It's a lovely home."
- "Everyone is very kind."
- "I love being at Corkhill, everyone is very kind and helpful."
- "The food is very good."

The inspector spoke to one relative during the inspection process, this relative also completed a questionnaire.

Example of the relative's comments was as follows:

- "I find that the home has always been very caring and helpful, my mother has been in the home for six years and has been well looked after."

11.3 Staffing/Staff Comments

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home.

The inspector spoke to a number of staff during the inspection. Eight staff completed questionnaires. No issues or concerns were brought to the attention of the inspector.

Examples of staff comments were as follows:

- “Residents are well looked after in this home.”
- “I find that Corkhill is a very happy home, it is a joy to work here.”
- “The quality of care at Corkhill Care Centre is excellent, the residents are all well looked after.”
- “I love working here we all work well as a team.”
- “I am very happy here the residents are so settled.”
- “Yes there are adequate supplies of continence products in the home.”

11.4 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' and residents' bedrooms, sitting areas, dining rooms, and laundry, kitchen, bathroom, and shower and toilet facilities.

The home was found to be clean warm and comfortable with a friendly and relaxed ambience.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Una McTaggart, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Appendix 1

| Section A | |
|---|---------------------------------|
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. | |
| Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3 | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| <p>When a Resident is admitted to our Home following information and care plan from the care management team a Registered Nurse will carry out an holistic assessment of the needs of this Resident using validated tools, such as the Rhys Hearn for dependency level, Braden for pressure sore risk, Falls risk assessments, Moving and Handling, Pain Assessment etc.</p> <p>All assessments of Residents care needs are completed within 11 days of admission using the validated tools including a nutritional screening which is carried out using the MUST tool. The pressure risk assessment includes nutritional, pain and continence assessments and the Nurse's clinical judgement on admission.</p> | Compliant |

| Section B | |
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| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| <p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p> | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| <p>All Residents are allocated a named Nurse who will assess and complete Care Plans which assist, promote and encourage Resident's independence.</p> <p>Consultation with the Resident and their representative is carried out and where appropriate advice is taken into account from relevant health professionals, such as physiotherapist, occupational therapist, Dietician, podiatrist,</p> | Compliant |

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| <p>Palliative Care Nurse, McMillian Nurse, Pain Management Nurse, District Nurse team, PEG feed co-ordinator, sensory impairment resource centre, Stoma Nurse, Diabetic Link Nurse, Continence Advisor, Breast Care Nurse, Dementia Care, Oral Hygienist, etc depending on the individual needs of the Resident.</p> <p>The Home has a referral arrangement in place to obtain advice from a named expert Tissue Viability Nurse who will come to the Home and give support and draw up individual plans of care.</p> <p>All Residents are assessed using the Braden tool and level of risk is graded. If deemed at risk of developing a pressure sore a care plan is drawn up, and Staff commence a repositioning chart to ensure monitoring/feedback and prompt reporting to nurse in charge to minimise risk or prevent any deterioration</p> | |
| Section C | |
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p> | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| Re-assessment is ongoing and is carried out daily by the Nurse on duty at each shift. All individual assessments are reviewed monthly or more often if required and recorded in care plan. | Compliant |

| Section D | |
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| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1) | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| <p>All Nursing interventions, activities and procedures are in accordance to research evidence and NMC Guidelines..A pressure wound support care file has been created with NICE clinical guidelines and the HSC Northern Ireland wound care formulary and is available to and used by the Staff</p> <p>The validated pressure ulcer tool used in our Home is Braden. Where a Resident requires wound care who has skin damage a wound assessment is done and a treatment care plan drawn up in consultation with the Tissue Viability Nurse, to meet individual needs ,within best practice. Special equipment is provided if required.</p> <p>We have a Nutrition support care file with up-to-date guide lines such as Nuritional guidelines and menu check list for Residential and Nursing Homes 2014.</p> | Compliant |

| Section E | |
|--|---------------------------------|
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| <p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p> | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| Nursing interventions, activities and procedures are recorded at least daily for Residents and updated accordingly depending on the individual procedures, in relation to each Resident. This includes the outcomes and are in accordance to NMC guidelines. Corkhill Care Centre has Nutrition intake charts for Residents which show sufficient detail so that Staff can monitor whether the diet intake is satisfactory. This would also show clearly if food intake was excessive. Residents causing concerns are reported to the Nurse in charge and referrals are made to the relevant professionals, GP and risk action recorded and followed up. Residents representative informed and all Staff updated to ensure follow through for this Resident. | Substantially compliant |

| Section F | |
|---|---------------------------------|
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16 | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| <p>Outcomes of care are monitored and recorded daily in progress notes.</p> <p>Residents also have individual assessments and needs are set out in individual care plans. They are updated as the needs change and are kept under review. These are also evaluated at agreed intervals</p> <p>Where appropriate these care plans are discussed with the Resident, the Multidisciplinary team, ie Care Manager, GP, named Nurse or Senior Carer and Resident's representative,</p> | Compliant |

| Section G | |
|--|---------------------------------|
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. | |
| Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1) | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| <p>Multidisciplinary /local HSC Trust review meetings are undertaken in the Home. The reviews are checked at the appropriate intervals so as to be undertaken not less than annually. Residents are encouraged and facilitated to participate, including their representatives.</p> <p>All reviews are recorded and where required agreed changes are implemented. If required changes are made to the care plan and the Residents/Representatives are informed and agree to this update.</p> | Compliant |

| Section H | |
|--|---------------------------------|
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| Criterion 12.1 <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. Criterion 12.3 <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. | |
| Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1) | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| <p>Residents in Corkhill are provided with a nutritious and varied diet. All Residents likes and dislikes are recorded in a Residents' dietary record so preferences and needs can be met.</p> <p>A nutrition Support folder is available with relevant guidance documents .Advice and support can be sought from our dietican if required or other relevant professionals.</p> <p>We have three menus which have been developed with dieticans input, and they rotate on a three week cycle to maximise choice.If a Resident decided they would prefer another choice ,then an alternative will be provided. At each meal time there are two choices of menu. This was the Dietican suggestion as she felt three courses at mid day was too much and suggested two courses at mid day and evening time instead.This now is our Residents preferred choice. A choice is also offered to those Residents on therapeutic diets</p> | Compliant |

| Section I | |
|---|---------------------------------|
| Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. | |
| <p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p> | |
| Provider's assessment of the nursing home's compliance level against the criteria assessed within this section | Section compliance level |
| Nurses and Care assistants in Corkhill have had in-house training on dysphagia and thickening agents in order to manage Residents who have swallowing difficulties. This is on going. All Residents with swallowing difficulties are seen by Speech and Language Therapist. Instructions are given and these are incorporated into the eating and drinking Care Plan, this is also put in to the Residents individualised dietary record which is reviewed. Communication with all Staff ensures adherence and a guidance document relating to the thickening agent prescribed is kept in the fluid charts for reference at all times. The Nutricia representative is available for support, guidance and training. | Compliant |

All meals are provided at conventional times ,a variety of drinks hot and cold and snacks are available at intervals.Fresh drinking water is available at all times.Should a Resident awaken at night time ,fluid or snacks are available and offered.

Staff are aware of the Residents individual eating and drinking needs.Risks when Residents are eating are managed and assistance by Staff is provided as required.Necessary aids are available .

Prevention and management of pressure ulceration training which in corporated wound care was given by Francis Hillemand Tissue Viability Nurse on 10th March 2014 to Staff Nurses.If a Resident has a wound our Nurses have the necessary skill to manage that wound,carry out a wound assessment and apply wound care products and dressings.

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5

COMPLIANCE LEVEL

Compliant

Appendix 2

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

| Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc. | Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done. |
|---|---|
| <ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used were appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away • Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others | <p>Examples include: Brief verbal explanations and encouragement, but only that the necessary to carry out the task</p> <p>No general conversation</p> |

| Neutral (N) – brief indifferent interactions not meeting the definitions of other categories. | Negative (NS) – communication which is disregarding of the residents' dignity and respect. |
|---|--|
| <p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • Telling someone what is going to happen without offering choice or the opportunity to ask questions • Not showing interest in what the patient or visitor is saying | <p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can't have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with 'kindness') • Seeking choice but then ignoring or over ruling it • Being angry with or scolding older patients • Being rude and unfriendly • Bedside hand over not including the patient |

References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



Quality Improvement Plan

Unannounced Secondary Inspection

Corkhill Care Centre

01 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Una McTaggart, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements | Number of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|---|------------------------|---|-----------|
| | | No requirements were made as a result of this inspection. | | | |

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendation | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|--|------------------------|---|-------------|
| 1 | 28.4 | It is recommended that registered nurses as appropriate are trained in male catheterisation. | One | It has been organised for appropriate staff nurses to attend training on male catheterisation privately on 26 th January 2015. This will be followed by supervised practice in the Home. | Four Months |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|----------------|
| Name of Registered Manager Completing Qip | Una McTaggart |
| Name of Responsible Person / Identified Responsible Person Approving Qip | Margaret Potts |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-----------------|
| Response assessed by inspector as acceptable | Yes | Heather Moore | 13 January 2015 |
| Further information requested from provider | | | |