

Unannounced Care Inspection Report 02 November 2016



Corkhill Care Centre

Type of Service: Nursing Home

Address: 27 Coolmaghery Road, Donaghmore, Dungannon, BT70 3HJ

Tel no: 028 8776 7362

Inspector: Loretto Fegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Corkhill Care Centre took place on 02 November 2016 from 10.00 to 17.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with the acting manager and staff demonstrated that generally care provided to patients is safe and avoids and prevents harm. However, a weakness was identified in the delivery of safe care in relation to the recruitment of staff. A requirement has been made in this area to secure compliance and drive improvement.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. There was also evidence of effective team working and good communication between patients and staff. Care records evidenced that patient care was assessed, planned, evaluated and reviewed in partnership with patients and/or their representatives.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Corkhill Care Centre. However, compliance with the requirement made in the safe domain of this report will assist to improve the overall services provided, the experience of patients and leadership within the home.

The term 'patients' is used to describe those living in Corkhill Care Centre which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs M Potts, registered person and Mrs A Donnelly, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 May 2016. There were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Corkhill Care Centre/Mr Thomas & Mrs Margaret Potts	Registered manager: See below
Person in charge of the home at the time of inspection: Mrs Ann Donnelly – Acting Manager	Date manager registered: Mrs Ann Donnelly – Acting Manager (no application received)
Categories of care: NH-I, NH-PH, NH-DE, RC-I, RC-PH, RC-DE, NH-LD, NH-LD(E)	Number of registered places: 48

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- communication received since the previous care inspection
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with the registered person, acting manager, 16 patients, one registered nurse, one care assistant, activities co-ordinator, kitchen assistant, administrator and four residents' visitors/representatives.

The following information was examined during the inspection:

- staffing arrangements in the home
- three care records
- accident and incident records
- audits
- complaints records
- staff induction, supervision and appraisal records
- competency and capability assessments for registered nurses
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- minutes of staff meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12/05/16

The most recent inspection of the home was an unannounced medicines management inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11/11/15

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The 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 for weeks commencing 24 October and 31 October 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas, it was confirmed that administrative, maintenance, catering, domestic and laundry staff were employed in sufficient numbers for the efficient running of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Relatives and patients spoken with commented positively regarding the staff and care delivery.

A review of two staff personnel files evidenced that selection and recruitment processes were not fully in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. While it was acknowledged that two references were obtained in respect of both staff members prior to them commencing work in the home, a reference was not provided by the most recent employer for one staff member. The registered person and manager agreed to review the procedures in relation to selection and recruitment processes. A requirement has been made in this regard.

Discussion with staff and a review of two completed induction records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of the training records confirmed that the majority of staff had completed their mandatory training for the current year. On 10 November 2016, RQIA received written confirmation from the manager confirming that all staff with the exception of those on long term leave had completed all mandatory training requirements. There was evidence of registered nurses undertaking additional training to support them in the care of patients and the manager advised that she will be attending training regarding recruitment and selection of staff. All staff spoken with during the inspection were satisfied with the training provided to fulfil their duties.

Discussion with the manager, staff on duty and a review of the records confirmed that there were systems in place to ensure that all staff received appraisal and supervision. The manager also advised that the home had an 'open door' policy for staff to discuss care practices and other issues when required. A review of competency and capability assessments undertaken for registered nurses in charge of the home in the absence of the acting manager evidenced that some of these needed to be reviewed and updated. The manager advised that arrangements were in place to review same.

The manager advised that a monthly monitoring arrangement was in place to verify the registration status of nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) respectively. A sample of records reviewed during the inspection confirmed staff were registered with the NMC or NISCC.

The manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The manager was aware of the regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership" and also the contact details of the Adult Protection Gateway Services.

Review of one residential and two nursing care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There was evidence of audits conducted in relation to accidents, care records and some aspects of infection prevention and control and the manager advised that an informal process was in place to disseminate learning arising from audit findings. Discussion took place with the manager as to how the audit process could be more robust to ensure consistency in approach with regard to the audit criteria, analysing identified patterns and trends and documenting action plans for any deficits identified. The manager agreed to further develop the audit process.

A sample of the responsible individual's monthly monitoring visit was reviewed and found to be in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, as some stakeholders could be easily identified in the monthly monitoring visit report, this was discussed with Mrs Potts, registered person who agreed to redact this information.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, and sluices. With the exception of one corridor where the carpet was found to have a malodour, all areas of the home that patients accessed were found to be warm, well decorated, fresh smelling and clean. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored. There was also evidence of ongoing re-decorating and refurbishment and patients, representatives and staff spoken with were complimentary in respect of the home's environment. Following the inspection, RQIA received written confirmation from the manager on 10 November 2016, advising that the floor covering on the identified corridor had been replaced.

Areas for improvement

One requirement was made in relation to recruitment of staff.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Review of two patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. One residential care record was also reviewed and evidenced that care was assessed, planned, evaluated and reviewed appropriately. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Review of three care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records accurately reflected the assessed needs of patients / residents, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as Speech and Language Therapists (SALT). There was evidence that the care planning process included input from patients / residents and/or their representatives, if appropriate.

Discussion with the manager confirmed that staff meetings were held on a three/ four monthly basis. Minutes were available for the most recent registered nurses' meeting which took place on 12 October 2016. The manager advised that meetings were arranged for other staff groups during November 2016. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff confirmed that care practices such as moving and handling and management of incontinence were undertaken in accordance with evidence based practice guidance. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge and /or the manager or registered person. All grades of staff consulted with, clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager advised that patient meetings were facilitated by the activities co-ordinator and records indicated that the most recent relatives' meeting took place on 24 May 2016. It was evident on the day of inspection that the manager had a good rapport with the patients. Patients and representatives spoken with expressed their confidence in raising concerns with the home's management.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff were observed offering patients support and assistance with lunch and whilst mobilising and administering medication. Their interactions with patients were observed to be compassionate, caring and respectful. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Consultation with 16 patients confirmed that they were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The manager advised that the home operated an 'open door' policy in this regard. The manager also confirmed that views and comments recorded from the patients'/ representatives' annual survey had been collated and analysed and confirmed that the results of the survey were shared with staff, patients and representatives accordingly.

Discussion with the manager, staff and patients confirmed that there were opportunities for patients to maintain friendships and socialise within the home and also in the local community. The activities co-ordinator advised that a range of activities were available to patients which included storytelling, poetry, baking and gardening. A Halloween party was held in the home and weekly music sessions are facilitated by students from the local regional college.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. One member of staff, three patients and one relative returned the questionnaires to RQIA within the specified timeframe. Comments on the returned questionnaires were positive.

Staff expressed high levels of satisfaction with the care provided to patients and confirmed that communication was good in the home. They were also positive about the training and support mechanisms in place to do their job.

Staff comment included:

- “Never seen better patient care.”
- “Management very approachable.”

Discussions were held with sixteen patients. Patients spoken with were very positive regarding the care they were receiving and were complimentary of the staff and of the food served.

Patients’ comments included:

- “I could recommend this place to anyone for food and attention.”
- “Staff are 100%, there are plenty of activities.”
- “Staff are very kind, they helped and reassured me.”
- “I’m here for good and happy about that.”
- “Couldn’t ask for better.”

The relatives of four patients spoken with during the inspection confirmed they were happy with the care provided. The questionnaire received from one relative also indicated high levels of satisfaction with all aspects of care.

Relatives’ comments included:

- “The family are so thankful for all the care and attention.”
- “Staff are so lovely.”
- “Home from home, and management are good to relatives also.”

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and confirmed that they had access to the home’s policies and procedures. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. The current management arrangements were discussed with Mrs Potts, registered person and Mrs Donnelly who has been acting manager in the home since August 2016. Assurances were given that more permanent arrangements would be put in place. There was a system in place to identify the person in charge of the home in the absence of the manager.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager confirmed that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence of the home having systems and processes in place to monitor the delivery of care and services. This included the completion of Regulation 29 monitoring visits in accordance with the regulations and/or care standards with an action plan generated to address any areas for improvement. However, as discussed in section 4.3 of this report, the manager agreed to further develop the auditing process. Discussion with the manager and staff confirmed that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Compliance with the requirement made in the safe domain of this report will assist to improve the overall services provided, the experience of patients and leadership within the home.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs M Potts, registered person and Mrs A Donnelly, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 21,
Schedule 2

Stated: First time

To be completed by:
02 November 2016

The registered provider must ensure that the home's recruitment and selection process fully adheres to all aspects of The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, Schedule 2.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

Training for Recruitment & Selection has been scheduled for Acting Manager for February 2017

Please ensure this document is completed in full and returned to the web portal



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