

Unannounced Care Inspection Report 11 February 2021



Corkhill Care Centre

Type of Service: Nursing Home
**Address: 27 Coolmaghery Road, Donaghmore,
Dungannon, BT70 3HJ**
Tel No: 0288776 7362
Inspector: Julie Palmer

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 nursing home registered to provide nursing care for up to 37 patients.

3.0 Service details

Organisation/Registered Provider: Mr Gary George Watt Responsible Individual: Mr Gary George Watt	Registered Manager and date registered: Shona McKeown 4 April 2017
Person in charge at the time of inspection: Shona McKeown	Number of registered places: 37 There shall be a maximum of 10 persons in category NH-DE and a maximum of 2 patients in category NH-LD/LD(E).
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. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 31

4.0 Inspection summary

An unannounced inspection took place on 11 February 2021 from 09.30 to 16.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with an area for improvement identified in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “This place is better than the best hotel.”
- “I love it here, it’s a great place.”

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	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Shona McKeown, manager, and Anne Donnelly, deputy 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 14 patients and 11 staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 1 to 14 February 2021
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- nurse in charge competency assessment records
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including food and fluid intake charts

- care partner policy
- RQIA registration certificate.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as 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 the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 37 Stated: First time	The registered person shall ensure that systems for the management of records are in accordance with legislative requirements and best practice guidance. This relates specifically to the process for making amendments to the staff rota information.	Met
	Action taken as confirmed during the inspection: Review of the duty rotas confirmed that amendments were clearly denoted and made in line with best practice guidance.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Patients and staff spoken with indicated that they were satisfied with staffing levels in the home. We did not receive any responses via the on-line staff survey within the timeframe indicated.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor compliance with mandatory training and remind staff when training was due.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

Staff told us that they received supervision and a record of supervisions was maintained. However, the supervision schedule in place had not been updated during 2020/2021 to record planned and/or completion dates of supervision; an area for improvement was made.

The manager told us that registered nurses who took charge in the home completed an annual competency assessment as part of their annual appraisal and these were in progress. We reviewed a sample of registered nurses' appraisals and competency assessments which had been completed.

Staff spoken with told us that the manager was approachable and accessible. Staff also commented very positively about working in the home and the support they received from their colleagues and the management team; they told us:

- "Teamwork is very good, we all work together."
- "Shona (manager) and Gary (responsible individual) are both excellent managers, nothing is too much trouble."
- "We have been kept up to date about Covid, if Shona knows it, we know it."
- "I like working here, it's been a challenge but well worth it."
- "We all work together and if someone phones in sick they do try very hard to get cover."
- "Morale has been good, we keep each other up and help each other out."
- "The last year has been tough but we have coped okay."
- "Shona is very approachable, the door is always open."
- "If we need cover they really try to get it and staff help out."

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check and completed a health declaration on arrival at the home. Review of records confirmed that all staff and patients had a twice daily temperature check recorded.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits. Staff confirmed that they had received training in hand hygiene and the use of PPE.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance.

6.2.3 The environment and IPC measures

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was found to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. Corridors and fire exits were clear of clutter and obstruction. Lounges were well decorated with comfortable seating and appeared to be welcoming spaces for patients.

The manager told us that additional domestic staff had been employed in order to manage the enhanced cleaning measures required as a result of the COVID-19 pandemic. Domestic staff told us that frequently touched points were regularly cleaned and deep cleaning was completed as required in addition to the regular cleaning schedule in the home.

In one identified bedroom we observed that redecoration was required; the responsible individual told us that redecoration was planned and new furniture had been ordered for this room. We also observed that a small number of identified cord pulls required to be fitted with a wipeable cover; this was brought to the attention of the manager for information and appropriate action.

We observed that some identified bed rail bumpers in use showed signs of wear and tear and needed to be replaced; an area for improvement was made.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly.

The manager told us that arrangements were in place for both in person and virtual visiting in line with the regional guidance in this area. A visiting pod had been erected; this offered external access for relatives and internal access for patients and was fully cleaned between each booked appointment. A care partner policy was in place and all relatives had been

informed of the care partner initiative. Those relatives who had opted to become care partners were supported by staff regarding the use of PPE and IPC measures, routine COVID-19 testing and the agreed frequency and times of sessions. Relevant care partner risk assessments and care plans were in place.

The activity therapist assisted patients and relatives with visiting and also arranged twice daily activity sessions which included, for example, manicures, entertainment from the 'music man' via zoom, Christian fellowship, arts and crafts and movies. The manager told us that a member of staff was providing twice weekly hairdressing sessions for patients.

Patients spoken with told us that they enjoyed living in Corkhill Care Centre and felt well looked after; comments included:

- "The staff are just great"
- "The visiting pod is a great job; it's lovely to see the family again."
- "I love it here, there is lots to do, I like painting."
- "The staff are great, very helpful."
- "We are all spoiled here and very well looked after."

We observed the serving of lunch in the dining room and found this to be a positive experience for the patients. The food on offer smelled appetising and was well presented and patients were offered a choice at the time of serving the meal. Patients told us that they enjoyed the food; comments included:

- "The food is very good, I have no complaints."
- "The food is class."
- "The food is lovely; there is a great choice for lunch and tea."
- "The food is just lovely."

Comments made by patients were brought to the attention of the manager for information.

Staff were seen to be helpful and friendly towards patients at all times, there was a pleasant and relaxed atmosphere throughout the home.

6.2.5 Care records

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, prescribed supplements, were recorded. Food and fluid records reviewed were up to date.

Wound care recording was up to date and reflective of the recommendations in the individual patients' care plans. Recommended repositioning schedules were in place and records reviewed were up to date.

In the event of a fall we observed that neurological observations were carried out if required and the relevant risk assessments and care plans were updated.

6.2.6 Governance and management arrangements

The manager told us that the Southern Health Trust (SHSCT) have been supportive to them throughout the COVID-19 pandemic. Staff were kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

Review of accident/incidents records revealed that RQIA had not been appropriately notified in all cases; this was discussed with the manager, retrospective notifications were requested and an area for improvement was made. We observed that accidents/incidents for both the nursing home and the adjacent residential care home, which is under a separate registration, were not recorded separately; this was discussed with the manager who agreed separate records would be maintained going forward.

A sample of governance audits reviewed evidenced that management maintained oversight of the care and services provided in the home.

However, not all the audits reviewed had a system in place to identify deficits and the actions required to carry out improvements, nor was there always evidence that the audits had been reviewed. An area for improvement was made.

Monthly monitoring reports were consistently completed and available to review. However, we observed that the action plans did not include a timescale or identify the person responsible for the action, the to and from time of the visit to complete the report was not always recorded and the general content was not sufficiently detailed to provide an effective oversight of the quality of the services provided in the home. An area for improvement was made.

Review of records evidenced that there were systems in place to manage complaints and a quarterly complaints report was provided to the SHSCT.

A record of compliments and thank you cards was maintained; comments included:

- "I would like to say a special thank you for the amazing care."
- "Thank you for all your care, dedication and devotion."
- "Thank you for all your help and kindness."

Areas of good practice

Areas of good practice were identified regarding teamwork, use of PPE, the environment and IPC measures. Additional areas of good practice were identified regarding the care provided, consultation with other healthcare professionals, visiting and the care partner initiative and maintaining good working relationships.

Areas for improvement

Areas for improvement were identified regarding the supervision schedule, replacing identified bed rail bumpers, reporting accidents/incidents to RQIA, review and action plans of audits and the content of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	4

6.3 Conclusion

There was a friendly, pleasant and relaxed atmosphere throughout the home. Patients looked well cared for and were seen to be content and settled in their interactions with other patients and with staff. Staff were seen to treat patients with kindness and respect.

Following the inspection retrospective notifications were submitted as requested and the manager confirmed that wipeable covers had been fitted to the identified cord pulls.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shona McKeown, manager, and Anne Donnelly, deputy 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that RQIA are appropriately notified of accidents/incidents that occur in the home.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The registered person shall ensure RQIA are appropriately notified of all accidents/incidents that occur in the home. Staff are aware this includes all falls/accidents that result in suspected or obvious head injury, and, or if medical attention is required following an accident/incident.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 40 Stated: First time To be completed by: 11 March 2021	<p>The registered person shall ensure that an up to date supervision schedule is maintained with planned and completed dates of supervision recorded.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The registered person shall ensure that a supervision schedule is maintained with planned and completed dates of supervision recorded.</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 31 March 2021	<p>The registered person shall ensure that an audit of all bed rail bumpers in use is carried out and that worn bumpers are identified and replaced in a timely manner.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The registered person shall ensure the condition of bedrail bumpers are included in our monthly audits and that worn bumpers are identified and replaced in a timely manner.</p>
Area for improvement 3 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that all governance audits contain a system to identify deficits, an action plan if improvements required and show evidence of review in order that effective oversight of the care and services provided can be maintained.</p> <p>Ref: 6.2.6</p>

<p>To be completed by: 31 March 2021 and ongoing</p>	<p>Response by registered person detailing the actions taken: The registered person shall ensure that all governance audits identify deficits and that an action plan is compiled when improvements are required. This will provide evidence that effective oversight of the care and service is being maintained.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2021 and ongoing</p>	<p>The registered person shall ensure that the monthly monitoring reports include the time to and from of the visit, the content of the report should include sufficient information to provide effective oversight of the monitoring of the quality of services provided in the home and the action plan should include a timescale and identify the person responsible for the action.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The registered person shall ensure the monthly monitoring report will include the 'time to and from' the visit. Its content will provide sufficient information to give a good overview of the monitoring of the quality of services provided in the home. The action plan shall include a timescale and identify the person responsible for the action.</p>

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

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