

Announced Care Inspection Report 24 May 2017



Corkhill Care Centre

Type of Service: Nursing Home

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

Tel no: 028 8776 7362

Inspector: Sharon Loane

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced post registration inspection of Corkhill Care Centre took place on 24 May 2017 from 10:30 hours to 16:45 hours. As part of this inspection process, we examined additional areas of practice within the safe, effective, compassionate and well-led domains.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led under new ownership. On 4 April 2017 ownership of the home transferred to Mr Gary Watt.

Is care safe?

There were areas of good practice identified throughout the inspection in relation to staff recruitment; staff induction; and training and development. Staffing arrangements were satisfactory at the time of the inspection. A good standard of hygiene and cleanliness was evident throughout the home.

No areas for improvement were identified for this domain.

Is care effective?

All staff demonstrated a high level of commitment to ensure patients received the right care at the right time. Each staff member understood their role, function and responsibilities. All grades of staff consulted clearly demonstrated their ability to communicate effectively with patients, with colleagues and other healthcare professionals.

Areas for improvement have been identified in relation to some aspects of care planning and record keeping.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. A programme of activities was available and comments provided by patients indicated that they enjoyed same.

No areas for improvement were identified for this domain.

Is the service well led?

As previously discussed the home changed ownership on 4 April 2017. A new registered manager commenced employment on the same date. Feedback provided by the responsible person, registered manager, staff and patients confirmed that the transition was "seamless" and comments received were positive. Management and governance systems continue with a scheduled implementation in place to manage the changes to new documents and reporting processes.

No areas for improvement were identified for this domain.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gary Watt, Responsible Person, and Shona McKeown, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this 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: Gary Watt	Registered manager: Shona McKeown
Person in charge of the home at the time of inspection: Shona McKeown	Date manager registered: 4 April 2017
Categories of care: NH-I, NH-PH, NH-DE, RC-I, RC-PH, RC-DE, NH-LD, NH-LD(E) 36 Nursing: 12 Residential. There shall be a maximum of 10 persons in category NH-DE and a maximum of 10 persons in category RC-DE. A maximum of 2 patients in category NH-LD/LD (E).	Number of registered places: 48

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- statement of purpose and the patients guide
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were left for the registered manager to distribute; 10 for relatives and staff and eight for patients. Please refer to section 4.5 for further details. We also met with ten patients individually and the majority of others in smaller groups, five care staff, two registered nurses, one member of catering staff and the activities co-ordinator.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- accident and incident records
- complaints record
- staff training records
- minutes of meetings
- two personnel files
- monthly quality 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 May 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 November 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21, Schedule 2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of two staff personnel files evidenced that this requirement was met. Please refer to section 4.3 for further details.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the staffing rota for week commencing 22 May 2017 evidenced that the planned staffing levels were adhered to. The nurse in charge was not identified on the record examined however; a discussion with the registered manager and a registered nurse advised that a system was in place to manage same. The registered manager agreed to identify this information on the duty record going forward to ensure the record was maintained as per the DHSSPS Care Standards for Nursing Homes, 2015.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and a review of two personnel records evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought and received prior to staff commencing work and records were maintained. Advice was given to the registered manager in relation to record whether or not the enhanced criminal records certificate received was clear or not.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of registered nurses and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction records were reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

A discussion with the registered manager and a review of information confirmed that training was available via 'face to face' and 'e-learning'. A training matrix was available and was last updated 24 May 2017. The majority of staff had completed their mandatory training requirements for the training year. One written comment included within a returned staff questionnaire included "Training online sometimes isn't enough." This comment has been shared with the registered manager for further consideration.

The registered manager advised that it was her intention to review competency and capability assessments for nurses in charge and to ensure that a system was in place that staff received an annual appraisal and regular supervision. This information will be monitored at subsequent inspections.

Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager advised that they had been nominated as the safeguarding champion and had attended a meeting facilitated by the Trust on the new regional safeguarding policy and procedure to include the role of the adult safeguarding champion. The policy for the home in relation to same will be updated to reflect same. This information will be reviewed at the next care inspection to ensure it has been successfully implemented.

Review of patient 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. However, a review of one care record evidenced that risk assessments had not been reviewed following the patients return from hospital. Refer to section 4.4 for further detail.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last 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, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and a good standard of cleanliness and hygiene was evident throughout. The responsible individual advised that a programme of re-decoration was planned to enhance the environment. Patients spoken with were complimentary in respect of the home's environment.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Review of four patient 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. Some shortfalls were identified in regards to some aspects of care planning.

As previously discussed, one care record reviewed evidenced a number of shortfalls. Risk assessments had not been reviewed and care plans had not been updated or developed to reflect changes and care interventions required following a recent hospital admission. There was also evidence that care plans had not been appropriately evaluated. Furthermore, there was no care plan in place to meet this patient's needs with regards to IV antibiotic therapy which was being administered.

A second care record reviewed evidenced the following shortfalls. Although a SALT (speech and language therapy) assessment was available the care plan did not include the information detailed to meet the patients dietary and fluid needs. However, a discussion with staff confirmed that the patient was receiving food and fluids as per the assessment in place.

Another care record reviewed in relation to the management of pressure damage and / or wounds evidenced that it did not include detailed information to direct staff in the delivery of care.

A requirement has been made in regards to the shortfalls identified above, to ensure that care records are reviewed appropriately, kept up to date and accurately reflect the needs of patients in keeping with best practice.

A review of repositioning records evidenced that positional changes were not being carried out using a consistent approach. There was limited evidence available to determine if the care delivered was adequate to meet the patient's pressure care needs. The care plan reviewed did not include the schedule for repositioning. This had the potential to negatively impact on the care delivered in this regard. A recommendation has been made.

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 and discussions at the handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff and a review of records evidenced that a staff meeting had been held 20 April 2017 following the recent change in ownership. A discussion with the registered manager advised that a further meeting was planned within the next two month period and going forward meetings would be held on a quarterly basis. Records were maintained and made available to those who were unable to attend. A comment included in a staff questionnaire included the following "more team meetings needed". This need should be addressed according to the proposed arrangements.

Meetings for patients were held on a monthly basis and were facilitated by the person employed to conduct activities in the home. A discussion with patients confirmed that the meetings were effective and provided an opportunity for them to discuss any issues and/or make suggestions for the running of the home.

The registered manager advised that a meeting for relatives was currently being planned. The home operated an “open door” policy which provided an opportunity for them to discuss any concerns.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/ or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients consulted advised that they also were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

A requirement has been made in regards to care planning. A recommendation has been made in regards to pressure care management, with particular focus on ‘repositioning’.

Number of requirements	1	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients stated that they were afforded choice, privacy, dignity and respect and that staff spoke to them in a polite manner.

We observed the lunch time meal in all dining rooms in the home. The atmosphere was quiet and tranquil and patients were being assisted and encouraged to eat their meal. Tables were set with tablecloths and appropriate condiments. The lunch served appeared very appetising and patients spoken with stated that the food was good.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendship and socialise within the home. There was a dedicated staff member employed to provide activities in the home. At the time of the inspection patients were observed participating in a range of activities which were held; for example; gardening and singing. Patients consulted with stated that there were always different activities they could participate in.

From discussion with the registered manager, staff, patients and a review of compliments cards there was evidence that the staff cared for the patients and the relatives in a kindly manner.

During the inspection, we met with ten patients individually and a number of staff as discussed in section 3.0.

Some comments received are detailed below:

Patients

“Food is all very good, good home cooking.”

“When I came to this home I wanted to die but coming here has made me want to live.”

Staff

“I have no concerns, the care is very good.”

“The transition has been very smooth and the new owners are very approachable.”

We also issued ten questionnaires to staff and relatives respectively; and eight questionnaires were issued to patients. Five questionnaires were returned by patients, and two from staff and relatives within the timescale for inclusion in this report.

The responses received from patients and relatives were all positive indicating that they were either ‘very satisfied’ or ‘satisfied’ with the care and services provided within the home. No additional written comments were included.

The two staff members responded that they too were either ‘very satisfied’ or ‘satisfied’ with the care provided across all domains and that the home was ‘well led’. Additional comments were included within one questionnaire received and have been previously referred to throughout the report.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

On 4 April 2017, ownership of the home transferred to Mr Gary Watt. The new manager, Shona Mc Keown also commenced their employment on the same day. Discussion with the responsible individual, registered manager, staff and patients evidenced that all were satisfied with the transition to the new ownership. Some of those consulted stated that the changes had been “seamless” and spoke positively about the new management.

A meeting had been held in April 2017 to introduce the new owners and their management team to patients and staff. The new management team were available to relatives and other stakeholders. Subsequent meetings were being planned and the registered manager advised the dates would be advertised within the home. The responsible individual advised that all the feedback received to date from staff, patients and relatives was positive.

The homes statement of purpose and service user guide had been updated to reflect the change of ownership and was available in the home.

Management and governance systems continue with a scheduled implementation in place to manage the changes to new documents and reporting processes.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of records and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered 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. The policy for managing complaints had been updated to reflect the new ownership.

Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was.

Discussion with the registered 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. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

A discussion was held with the registered manager regarding the 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. This information was not reviewed at this inspection.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Guidance and advice was provided to the responsible individual in regards to the completion of the reports to further enhance the quality of the reports and drive improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gary Watt, Responsible Individual, and Shona Mc Keown, Registered 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 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	
<p>Requirement 1</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection.</p>	<p>The registered provider must ensure that risk assessments and care plans are kept up to date and reflect patients' current needs.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The nursing team are all aware of the requirement identified. I have reinforced to them that risk assessment and care plans must be 'live' reflecting the resident's current needs. I and my deputy will audit this to ensure compliance.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that details for pressure care management (repositioning schedules) are included within care plans. Records for repositioning should be maintained in accordance with best practice and reflect the care delivered or not delivered. Evidence should be available to demonstrate that appropriate actions have been taken as deemed necessary</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The nursing team are all aware of the recommendation detailed above. A supervision session involving each member of staff will focus on this area. I and my deputy will monitor to ensure repositioning schedules are detailed in the care plans and records are maintained.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)