

Unannounced Care Inspection Report 6 February 2018



Corkhill Care Centre

Type of Service: Nursing Home (NH)

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

Tel no: 028 8776 7362

Inspector: Sharon Loane

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Mr Gary George Watt	Registered manager: Shona McKeown
Person in charge at the time of inspection: Shona McKeown	Date manager registered: 4 April 2017
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. Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. DE – Dementia.	Number of registered places: 48 comprising: 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). The home is also approved to provide care on a day basis for 2 persons in DE category in the residential unit.

4.0 Inspection summary

An unannounced inspection took place on 6 February 2018 from 11.00 to 16.00 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found across the four domains reviewed. These included but not limited to: care planning and care delivery; communication between patients, staff and other key stakeholders. There was also evidence that the service was well-led with good governance and management systems in place.

Areas requiring improvement were identified under the standards in relation to monitoring staffs compliance with training and monthly monitoring reports.

Patients said that they enjoyed living in the home and that the standard of care provided was very good.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 24 May 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 24 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre inspection assessment.

During the inspection the inspector met with eight patients, nine staff, and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and their representatives. A poster was displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 29 January to 11 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly monitoring reports undertaken in accordance with Standard 35 of the Care Standards for Nursing Homes, 2015.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the careinspector and was validated at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered provider must ensure that risk assessments and care plans are kept up to date and reflect patients' current needs.	Met
	Action taken as confirmed during the inspection: A review of care records for three patients' evidenced that this area for improvement was met. Please refer to section 6.5 for further details.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	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 demonstrated that appropriate actions have been taken as deemed necessary	Met
	Action taken as confirmed during the inspection: A review of repositioning records for one identified patient evidenced that this area for improvement was met. Please refer to section 6.5 for further details.	

6.3 Inspection findings

6.4 Is care safe?

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

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 from 29 January to 11 February 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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. 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 process, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager also signed induction records to ensure that all areas of the induction process had been satisfactorily completed.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that a system was in place to ensure staff attended mandatory training. However, it was noted that a number of staff had not completed training for some elements. This matter was discussed with the registered manager and an area for improvement under the standards has been identified to review the current monitoring arrangements to ensure the necessary improvement.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. For example; staff were observed transferring patients using the necessary equipment as per the patients identified mobility needs in a safe and effective manner.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. 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 was the appointed safeguarding champion and confirmed they had attended training in regards to this role.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three 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.

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 visits.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last 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, and dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment. The responsible individual and the registered manager advised that there were plans in place to refurbish and re-decorate the home. Colour schemes and soft furnishings have been picked and the nursing dementia unit will be the first area where re-decoration will be completed. This will further enhance the standard of the existing 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 of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement under the standards has been made in relation to the monitoring of training to ensure staff compliance.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three 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. Following an admission to hospital, risk assessments and care plans had been reviewed upon the patients return to the home. The standard of care records and documentation had improved since the last inspection.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the records of one identified patient evidenced that the dressing had been changed according to the care plan. Records were maintained to demonstrate care delivery and the effectiveness of same.

Care records for two patients were reviewed in relation to the management of weight loss and nutrition which evidenced that risk assessments and care plans had been reviewed and updated accordingly. Appropriate actions had been taken by nursing staff in response to identified needs and included referrals and/or liaisons with medical and other healthcare professionals. There was evidence in the care records that recommendations made by healthcare professionals had been adhered to accordingly. There was evidence of regular monitoring of patients weights in accordance with the level of risk identified and instructions outlined in the plan of care.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

A review of records for one patient evidenced that repositioning had been carried out in accordance with the plan of care. The record clearly identified the details of the positional change and the condition of the patient's skin. This had been identified as an area for improvement at the last inspection.

Pressure mattresses in use were also set to the correct settings. The registered manager had a system in place to ensure the equipment was being used appropriately.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care 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.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. The most recent staff meeting was held on 28 September 2017. Meetings for both patients and their relatives were held on the 31 January 2018. The minutes of these meetings were under working progress.

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, the registered manager and/or the responsible individual.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. It was very evident from patient interactions that they knew the registered manager very well and vice versa.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients 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.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

A dedicated member of staff was employed to organise and deliver activities. The staff member was observed carrying out activities; these included storytelling and reminiscence. It was evident from the patients' engagement that they enjoyed same. The hairdresser was also visiting the home at the time of the inspection and patients advised that they loved having their hair done every week.

The serving of the lunch was observed in the residential unit and the nursing unit. The food appeared nutritious and appetising. The mealtime was well supervised and a discussion with staff demonstrated that they were knowledgeable of patient's dietary needs. Staff were observed to encourage patients with their meals and assist patients in an unhurried manner.

As previously discussed, patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Corkhill was a positive experience and that staff were caring and attentive.

Comments included:

"I have lived in the home for eight years, it is very good, and I feel safe and well cared for."
"The nurses are very good, well looked after and fed well".

A number of letters and cards received by the home from relatives were displayed, who all expressed their kindness and appreciation to the staff for the care they delivered. Two relatives spoken with at the time of the inspection commended the owner, the registered manager and staff for the care and compassion shown to them and their relative.

As previously discussed questionnaires were issued to patients and their relatives. One relative and one patient had returned their questionnaires within the timeframe for inclusion in this report. Both respondents indicated that they were 'very satisfied' with the care provided.

Additional comments included:

"I am very happy in Corkhill. The staff are kind. The food is very good and the day goes quickly because we are busy with activities". (Patient)

"Excellent home, staff and management. I'm in/out several times a week at various times – care is always excellent". (Relative).

One staff member submitted a response to the online survey; however the respondent did not fully complete all sections of the survey. The sections of the survey which were completed indicated that the respondent was either "very satisfied or satisfied". An additional comment included:

"I am very happy with my experience as a staff member in this agency".

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. An application has been received by RQIA to register the residential dementia unit under a separate registration as per legislative requirements. This application is currently being reviewed by RQIA. Discussion with the registered manager and review of records and observations made during the inspection evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. 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.

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, and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registered manager confirmed that the policies and procedures for the home were currently being reviewed. A discussion was held with the registered manager in regards to prioritising the review of certain policies in line with the operational needs of the home.

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. A copy of the complaints procedure was displayed in various areas throughout the home.

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

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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. However, information was shared with the registered manager as to how the current arrangements in place could be developed to make the systems more effective and efficient.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were being completed however the last report available was September 2017. The registered manager gave their assurance that visits had been completed since this however the reports had not been made available. The importance of assuring that reports were maintained and available was discussed with both the registered manager and the responsible person. This has been identified as an area for improvement under the standards.

As previously reported discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement under the standards was identified in relation to monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shona McKeown, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered 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 Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall ensure that a robust monitoring system is developed and implemented to ensure that staff attends training in line with the homes policy and their roles and responsibilities. .</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I have reiterated to staff (including formally at the staff meeting - 29/03/18) the mandatory nature of the training and that it is vital they keep it up-to-date at all times otherwise they will be disciplined and may not be scheduled on the rota.</p> <p>I will monitor compliance with mandatory training monthly and will action as I have outlined.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35 Criteria 7</p> <p>Stated:First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall ensure that monthly monitoring visits are undertaken and a report is completed and made available for patients; relatives and staff to access.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I have discussd this with the person tasked to complete the monthly monitoring visit. She is aware that completion of these reports needs to be timely and accesible as per Standard 35.</p> <p>I will monitor compliance with this monthly to ensure they are completed.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews