

Unannounced Care Inspection Report 6 March 2020



Corkhill Care Centre

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

www.rqia.org.uk

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 36 patients.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Mr Gary George Watt Responsible Individual: Mr Gary George Watt | Registered Manager and date registered: Mrs Shona McKeown 4 April 2017 |
| Person in charge at the time of inspection: Mrs Shona McKeown | Number of registered places: 36 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: 29 |

4.0 Inspection summary

An unannounced inspection took place on 6 March 2020 from 10.15 hours to 16.00 hours.

The term 'patient' is used to describe those living in Corkhill Care Centre which provides nursing 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.

The inspection determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- dining experience
- complaints
- adult safeguarding
- incidents
- governance arrangements

Evidence of good practice was found in relation to the delivery of care to patients. Staff demonstrated that they had a good understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

One area requiring improvement was identified during this inspection in relation to record keeping.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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.

We would like to thank the patients, relatives and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

Areas for improvement and 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 15 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were reviewed during the inspection:

- duty rota information for all staff from 2 to 15 March 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for November and December 2019
- RQIA registration certificate

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 previous inspection

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 40 Stated: First time | The registered person shall ensure that there is a supervision schedule in place. | Met |
| | Action taken as confirmed during the inspection: A supervision schedule is in place; it records when staff have received supervision. It was identified that the plan is that staff will have twice yearly supervision and annual appraisal. | |

| | | |
|---|---|------------|
| Area for improvement 2 Ref: Standard 46 Stated: First time | The registered person shall ensure that there is a robust system in place to monitor the condition of mattresses in use in the home and that these are replaced as necessary. | Met |
| | Action taken as confirmed during the inspection: A system for monitoring the condition of mattresses in use in the home has been implemented. | |
| Area for improvement3 Ref: Standard 22 Stated: First time | The registered person shall ensure that neurological observations are completed for 24 hours following a fall and that the relevant risk assessments and care plans are consistently updated in the event of a fall. | Met |
| | Action taken as confirmed during the inspection: From records viewed it was identified that appropriate neurological observations had been completed following a patient having sustained a fall. There was evidence that risk assessments and care plans had been updated as required. | |

6.2 Inspection findings

6.2.1 Staffing arrangements

We reviewed staffing arrangements within the home; the registered manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes an administrator, housekeeping, laundry, maintenance, kitchen staff and an activities coordinator. There was evidence of a clear organisational structure within the home.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager and staff, and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

The manager stated that staffing levels were subject to ongoing review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidenced that patients' needs were met by the levels and skill mix of the staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Discussions with a number of patients and a relative during the inspection identified that they had no concerns regarding the care and support provided; they spoke positively in relation to the care provided.

The staff rota information viewed indicated that the care is provided by a core staff team; the manager stated that this supports them in ensuring continuity of care to patients. The manager and staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. It was identified that correction fluid and white sticky labels had been repeatedly used on the rota to make any required changes; this was discussed with the manager and an area for improvement was identified.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with a number of patients evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They indicated that the manager and staff are approachable.

Discussions with patients, staff and a relative, and observations made indicated that staff had a good understanding of the individual needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available relating to Infection prevention and control (IPC), hand hygiene and raising a concern. No malodours were detected in the home.

We observed a number of the shared areas and noted that they well decorated, clean and uncluttered. The sample of patients' bedrooms viewed were found to be clean, warm and well decorated and had been personalised to the individual choices of patients. It was noted that a small number of pull cords in newly refurbished bathrooms needed to be covered in wipe able material; the manager stated that this matters was being addressed.

Bathrooms/toilets were clean and fresh; a supply of gloves and aprons were readily available to staff throughout the home. Staff were observed to use appropriate protective equipment while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised by staff. Sluice doors were locked and chemicals stored safely.

6.2.3 Care records

Care records are retained electronically. The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and care plans.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Care plans viewed provided details of the care required by individual patients; staff record at least twice daily the care provided to patients; care plans and risk assessments are reviewed monthly. It was positive to note that care plans had been updated following recommendations from professionals such as a Dietitian.

There was evidence that patients weight is monitored as required and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) utilised to determine the risk of weight loss or weight gain. There was evidence of SALT and dietetic input into the assessment and care planning of patients as required.

Discussions with staff, patients and a relative, and observations made provided assurances that care is provided in a person centred manner.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of freshly baked scones and cakes/biscuits. We observed the serving of the mid-day meal; the atmosphere in both the dining areas was calm and relaxed. Dining rooms were observed to be clean and table settings were appropriate; napkins, condiments and cutlery were provided and the menu was displayed.

Food served was noted to be appetising and well-presented and appropriate portion sizes were provided. It was noted that patients were offered a good range of choices. A number of patients spoken with indicated that the food was good and that they were always offered a choice.

A number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice. We observed staff offering and providing assistance in a discreet and sensitive manner when necessary; they were wearing appropriate protective clothing with regards to food hygiene good practice. Patients were provided with appropriate clothing protection as required.

6.2.5 Complaints

Discussions with the manager and the review of records indicated that no complaints had been received by the home since the previous inspection. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

It was positive to note that the home had received a number of compliments. They included:

- "Thank you for looking after and caring for **** (patient) for the past eight years. All the staff was very good to ****; she really felt at home here."
- "Thank you for all your kindness and total dedication to ***** (patient). We will never forget you all."
- "Thank you for all your care to mum."

6.2.6 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding since the last inspection. A record is retained of actions taken in relation to adult safeguarding matters; this information is reviewed as part of the monthly quality monitoring process.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients could describe the process for reporting concerns; they indicated that the manager and staff were approachable.

In addition, staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement. We discussed with the manager the benefits of indicating of the incident relates to the nursing home or the adjoining residential home.

6.2.8 Consultation

During the inspection we spoke with four patients, small groups of patients in the dining and lounge areas, three staff and relative. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff.

Patient's comments

- "Good, no problems."
- "I am happy."
- "Staff is good and food is good."
- "I have no problems, I am happy enough."
- "Food is lovely."
- "This is a nice place, the girls are lovely."
- "They look after you well."

Staff comments

- "Great place, very homely."
- "I enjoy it here."
- "Patients are well looked after."
- "Patients are safe and have choice."
- "Very happy, I am here 14years and I have no issues."
- "This is a good place."
- "The manager is approachable."
- "The atmosphere is relaxed and calm."
- "We have lovely staff."

Relative's comments

- "I am happy enough, mum is well looked after."
- "I have no complaints."
- "Staff are great; I can speak to staff."

Patients stated that staff were friendly and approachable; they indicated that they had no concerns in relation to the care provided.

We observed a number of staff supporting patients in the dining room and lounge areas; the interactions indicated that staff were respectful of patients by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed and welcoming atmosphere in all areas within the home.

Discussion with the patients, a relative and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home.

Ten questionnaires were provided for distribution to the patients and/or their representatives to give them with the opportunity to provide feedback to us in relation to the quality of the care provided. However, due to restricted access to RQIA office during the corona virus period, the inspector was unable to review any questionnaires returned to RQIA. Therefore we apologise for this feedback being omitted from this report. The content of returned questionnaires will be reviewed when normal working arrangements return, and any issues raised will be discussed with the home manager.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.9 Governance arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29.

A sample of the reports viewed indicated that the monitoring visits were completed in accordance with the regulations. It was identified that an action plan is generated to address any identified areas for improvement. Reports viewed were noted to include details of the review of the previous action plan, accidents/incidents, adult safeguarding referrals, environmental matters and complaints. We discussed with the manager the benefits of including information relating to the review of staffing arrangements including staff training. It was identified that this information is reviewed however not included in the report.

The records indicated engagement with staff, patients, and where appropriate their representatives. Comments included: "Wife well looked after... the manager and staff are so approachable if I ever have an issue."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and safeguarding matters. We noted that care was provided in a caring and compassionate manner.

Areas for improvement

One area for improvement was identified during the inspection in relation to record keeping.

| | 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 provider 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| <p>Area for improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p> | <p>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.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Every effort will be made to ensure the process of making any amendments to the staff rota information complies with legislative requirements and best practice guidance. We will avoid the use of stickers which were aimed to ensure the rota remained legible.</p> |

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



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