



The Regulation and
Quality Improvement
Authority

Inspector: Norma Munn
Inspection ID:IN022864

Sanville
RQIA ID: 1497
17b Annagher Road
Coalisland
Dungannon
BT71 4NE

Tel: 028 8774 8005
Email: manager@sanvillepnh.co.uk

**Unannounced Care Inspection
of
Sanville**

15 May 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 15 May 2015 from 10.35 to 16.50

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support

Standard 6: Privacy, Dignity and Personal Care

Standard 21: Health care

Standard 39: Staff Training and Development.

Overall on the day of the inspection the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern though some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to section 5 and 6 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 8 October 2014

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding health and safety was issued to the deputy manager at the end of the inspection. This action is required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Alice McAleer, responsible person, Bronwyn Toner, director of human resources and legal services and Claire Reid, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Persons: Sanville Mr Brendan Gervin Mrs Alice McAleer	Registered Manager: Ms Bernadette Mooney
Person in Charge of the Home at the Time of Inspection: Ms Claire Reid, deputy manager	Date Manager Registered: 23 May 2012
Categories of Care: NH-LD, NH-LD(E), NH-MP(E), NH-MP, NH-DE, NH-I, NH-PH, RC-I	Number of Registered Places: 36
Number of Patients Accommodated on Day of Inspection: 36	Weekly Tariff at Time of Inspection: £470 - £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criterion 8

Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15

Standard 21: Health Care, criteria 6, 7 and 11

Standard 39: Staff Training and Development, criterion 4

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment. We met with 16 patients, six care staff and four patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- four patient care records
- staff training records
- policies for continence management.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 7 January 2015. The completed QIP was returned and approved by the pharmacy inspector.

Further validation of compliance will be followed up by the pharmacy inspector.

Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (1)	The registered person shall ensure that a specific care plan on MRSA is maintained in the patient's care plan on wound management.	Met
	Action taken as confirmed during the inspection: The inspector confirmed from the examination of patient care records, that a care plan for MRSA was in place and up to date at the time of inspection.	
Requirement 2 Ref: Regulation 30 (1) (d)	The registered person shall ensure that grade 2 pressure ulcers/wounds are reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: The inspector confirmed, from discussion with staff, that when a patient develops a grade 2 pressure ulcer/wound, RQIA would be informed. Discussion with the deputy manager confirmed that there were no patients with pressure wounds in the home on the day of the inspection.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 6.3	It is recommended that any alterations or additions are dated, timed and signed, and made in such a way that the original entry can still be read.	Met
	Action taken as confirmed during the inspection: The inspector confirmed from the examination of patient care records, that alterations and additions to records were in accordance with best practice guidance.	
Recommendation 2 Ref: Standard 30.8	It is recommended that time is scheduled at change of shifts for handover reports to be given on patient care and other areas of accountability. This information should be recorded on staff duty rotas.	Met
	Action taken as confirmed during the inspection: The inspector confirmed from the examination of the duty rota that time scheduled for handover reporting is recorded on the duty rota.	

5.2 Continence management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

The following guideline documents were in place and available for staff:

- RCN Improving Continence Care for Patients
- RCN Catheter Care
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence.

Discussion with the deputy manager and care staff confirmed that a number of staff had received continence training on induction. The deputy manager also confirmed that several registered nursing staff were trained and competent in catheterisation. All staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients.

There was evidence in the patients' care records that assessments and continence care plans were reviewed. However, a review of one patient's care records evidenced that the continence assessment had not been reviewed since February 2015 and the care plan for another patient had not been reviewed since March 2015. This was discussed with the deputy manager who agreed to audit the care records to ensure that continence assessments and care plans are updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care and patients' dignity were addressed in the care plans inspected. The care plans included the patients' normal bowel patterns and made reference to the Bristol Stool Chart and the patients' normal stool type. This is good practice.

Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

Is Care Compassionate? (Quality of Care)

Discussion with the deputy manager confirmed where patients or their families, have a personal preference for the gender of the staff providing intimate care, their wishes will be respected. Arrangements were in place for the deployment of staff to ensure that patients have a choice of both male and female staff to assist with their personal care.

Staff were knowledgeable regarding individual patient need and commented positively with regard to care delivery. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.3 Additional Areas Examined

5.3.1. Health and Safety

Cleaning chemicals presenting a health and safety risk to patients were observed to be stored in an unlocked area in the first floor sluice. The chemicals had been decanted into unlabelled spray bottles. This practice is not in keeping with the Control of Substances Hazardous to Health Regulations (COSHH). This was immediately brought to the attention of the deputy manager to address and an urgent actions report was issued at the conclusion of the inspection. A requirement has been made.

5.3.2 Nutrition

One patient had recently been discharged from hospital who was at risk of malnutrition. Review of the patient's care record evidenced that the nutritional screening tool had not been reviewed following the discharge from hospital and a care plan had not been updated to reflect the changes in the patient's condition. A recommendation has been made.

5.3.3 Record Keeping

Review of two patients' fluid balance charts evidenced gaps in the recording of the patients' fluid intake. The patients' fluid intake over a 24 hour period had also not been totalled. Review of the patients' progress notes did not evidence action taken when a patient did not meet their daily target of fluid intake. A recommendation has been made.

5.3.4 Managerial Hours

Discussion with the deputy manager revealed that the registered manager had been absent for a period of time. On the day of the inspection the registered person confirmed that RQIA had been informed of the manager's absence.

The deputy manager had been carrying out managerial duties in conjunction with nursing duties in the manager's absence. The deputy manager discussed her concerns at the difficulty she was having trying to fulfil her managerial role. Following the inspection RQIA requested further information to confirm the number of hours per week the deputy manager would be spending dedicated to managerial duties. Information was provided from the home via email to confirm that the deputy manager would be rostered to work 36 hours per week dedicated to managerial duties from 18 May 2015.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Alice McAleer responsible person, Bronwyn Toner director of human resources and legal services and Claire Reid deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered persons/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 persons/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Persons

The QIP must be completed by the registered persons/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<p>The registered person must ensure that any chemicals used within the home are labelled correctly and stored securely and in accordance with COSHH regulations.</p> <p>This matter was raised in the urgent action report at the conclusion of the inspection.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Chemicals used within the home are now labelled and stored in line with good practice.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be Completed by: 15 June 2015</p>	<p>The registered person should ensure that the nutritional screening of a patient is reviewed following a hospital admission and where patients are at risk of malnutrition an up to date nutritional care plan should be in place.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Nutritional screening following hospital admissions are being carried out. Up to date nutritional care plans in respect of patients who are at risk of malnutrition will be in place.</p>

<p>Recommendation 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be Completed by: 15 June 2015</p>	<p>The registered person should ensure the following actions are taken where patients are at risk of dehydration:</p> <ul style="list-style-type: none"> • fluid balance charts are accurately completed • the total fluid intake for 24 hours is recorded in the patients' daily progress notes • when a patient does not meet their daily target of fluid intake appropriate action taken is recorded in the patients' daily progress notes.
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Staff have been advised of the importance of totalling and maintaining accurate fluid balance charts. Patient daily notes should accurately reflect these charts.</p>

Registered Manager Completing QIP	Joan Mc Guckin Acting Manager Pending Registration	Date Completed	07.07.15
Registered Person Approving QIP	Alice McAleer	Date Approved	07.07.15
RQIA Inspector Assessing Response	Norma Munn	Date Approved	13.07.15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address