



Unannounced Care Inspection Report 4 August 2018



Sanville

Type of Service: Nursing Home (NH)
**Address: 17b Annagher Road, Coalisland,
Dungannon, BT71 4NE**
Tel No: 0288774 8005
Inspector: Michael Lavelle

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 40 persons.

3.0 Service details

Organisation/Registered Provider: Sanville Responsible Individual(s): Brendan Gervin Alice McAleer	Registered Manager: Claire Reid
Person in charge at the time of inspection: Claire Reid	Date manager registered: 7 July 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 40 There shall be a maximum 1 patient within category NH-LD/LD(E) and 2 patients within category NH-MP/MP(E). Category NH-DE for 5 identified persons only. The home is also approved to provide care on a day basis for 1 person. There shall be a maximum of 1 named resident receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-MP.

4.0 Inspection summary

An unannounced inspection took place on 4 August 2018 from 07.15 to 14.45 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Sanville which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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 in relation to induction, training, adult safeguarding, the home's environment, communication between residents, staff and other key stakeholders, 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, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to staff recruitment, completion of wound care evaluation charts and care planning for the management of infections.

Areas for improvement under the standards were identified in regards to the use of keypads in the home, staff meetings and duty rotas.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Claire Reid, 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 23 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 23 October 2017.

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
- the registration status of the home
- 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.

During the inspection we met with 10 patients, seven staff and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 all staff from weeks beginning 23 July 2018 and 30 July 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
- two staff recruitment and induction files
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 October 2017

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 23 October 2017

There were no areas for improvement identified as a result of the last care inspection.

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 23 July 2018 and 30 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated they were well looked after by the staff and felt safe and happy living in Sanville. One patient spoken with raised a concern regarding buzzer response times; however we were unable to validate this on the day of inspection as buzzers were answered in a timely manner. These comments were fed back to the registered manager for action as required.

Two staff recruitment files were reviewed; one was not maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. For example, one did not have evidence of two written references, including one from their most recent employer. In addition, there was no record of a full employment history with a written explanation of any gaps in employment or evidence of a physical and mental pre-employment health check. This was discussed with the registered manager and an area for improvement under the regulations was made.

Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. We reviewed accidents/incidents records from February 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. These were appropriately managed and records were maintained appropriately; notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls. Review of one care record evidenced that on an occasion when the patient had an unwitnessed fall sustaining a head injury, appropriate observations were taken and medical intervention was sought; next of kin were also informed. However, although the fall was evaluated in the patient's care plan, a post fall risk assessment was not completed within 24 hours and the care manager was not informed. This was discussed with the registered manager who agreed to arrange supervision with registered nurses in relation to the management of falls. This will be reviewed at a future care inspection.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The activity store was observed to be cluttered with items stored on the floor. This was discussed with the registered manager who agreed to erect additional shelving in the store. This will be reviewed at a future care inspection. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were well adhered to. For example, staff were knowledgeable in relation to the seven step guide to hand washing and the World Health Organisation (WHO) five moments for hand hygiene. There was also appropriate use of personal protective equipment (PPE). Minor deficits were observed in relation to hand hygiene. For example, one staff member was observed removing their PPE after assisting a patient with breakfast and lifted the lid of the waste bin with their hand. They did not effectively decontaminate their hands after this. This was discussed with the registered manager who agreed to address this and ensure a pedal operated waste bin is purchased for the kitchen. This will be reviewed at a future care inspection.

Systems were in place to monitor the incidents of HCAI’s and the manager understood the role of Public Health Agency (PHA) in the management of infectious outbreaks.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons with consent sought. However, we observed the use of keypads in the home which we considered to be restrictive practice. For example, a code was needed for two keypads to exit the home via doors at the entrance. This was discussed with the registered manager who agreed to review the used of keypads in the home. An area for improvement under the care standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, adult safeguarding, and the home’s environment.

Areas for improvement

One area for improvement under the regulations was identified in relation to staff recruitment.

One area for improvement under the care standards was identified in relation to the use of keypads in the home.

	Regulations	Standards
Total number of areas for improvement	1	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 care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in wound management of one identified patient. The wound was dressed as prescribed by the tissue viability nurse (TVN) and the care plan was updated reflecting that care was delivered. However, there was no evidence of a wound evaluation chart to detail how the wound was healing. This was discussed with the registered manager who arranged for this to be included in the patient’s care records before the end of the inspection and communication of the deficit to trained staff. An area for improvement under regulation was made.

Gaps were noted in relation to management of infection. Review of one patient’s care record evidenced that the care plan was not updated to reflect antibiotic therapy for treatment of a recent infection. In addition, the care plan had not been updated on the completion of antibiotic therapy to treat a previous infection some three weeks previous. This was discussed with the registered manager and an area for improvement under the regulations was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, podiatrists, occupational therapists, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records and reposition charts evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the TVN, the SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

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 the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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 the registered manager confirmed that staff meetings were to be held on a three monthly basis and records maintained. However, review of records confirmed that staff meetings had not been held at least quarterly since July 2017. This was discussed with the registered manager and identified as an area for improvement under the care standards.

The registered manager advised that patient and/or relatives meetings were held on a bi-annual basis. Minutes were available. Patients and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

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

Areas for improvement

One area for improvement under the regulations was identified in relation to completion of wound care evaluation charts and care planning for the management of infections.

One area for improvement under the care standards was identified in relation to staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

We arrived in the home at 07.15 hours and were greeted by staff who were helpful and attentive. Two patients were enjoying an early breakfast or a morning cup of tea/coffee in the dining room. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks.

We observed the serving of breakfast. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were retained by the home. Some of the comments recorded included:

"The staff are so good to me. They have gone over and above their duty to help me and I am very happy."

"A lovely send off. So well looked after by everyone in Sanville."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Sanville was viewed as a positive experience. Some comments received included the following:

"I'm happy."

"I find the staff amazing. They are so kind to all the patients."

"They treat me very well. We have great food and three good cooks."

“From the very first day I have come here I have loved it.”
 “They treat you very good. You couldn’t get any better.”
 “The care is brilliant, they couldn’t do enough for you. They are very helpful. They have a good team and all pull together.”

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.

Ten relative questionnaires were provided; none were returned within the timescale. In addition, four relatives were consulted during the inspection. Some of the comments received were as follows:

“My brother gets excellent care.”
 “This place is a home from home. My relative’s presentation has improved since admission. Good connections to the community with events and activities. They go over and above for the patients and their families.”
 “You couldn’t get a better home. The staff are great.”
 “The home listen to any input I have to give. They are very good to my relative.”

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

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 in this domain.

	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not clearly recorded. For example, on two recent occasions where the registered manager had worked as a nurse on the floor, the duty rota did not evidence this. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Discussion with staff, patients and representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place to implement the collection of equality data within Sanville.

Review of the home's complaints records evidenced that systems were in place to ensure 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. Although complaints were recorded and records retained, there was no evidence that complaints were viewed as a learning experience. This was discussed with the registered manager who agreed to include complaints as a standing item on the agenda for staff meetings. This will be reviewed at a future care inspection.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and 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 incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement under the care standards was identified in relation to the duty rota.

	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 Claire Reid, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person must ensure that all persons are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment and selection files.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The staff members file which was evidenced as having a shortfall had relevant checks undertaken prior to her working holiday abroad. These included pre-employment health checks, identity checks, application form, interview notes etc. Upon her return to employment, NISCC and ACCESSNI checks were carried out in our attempt to identify any reason/s for her unsuitability for the post. Having consulted with RQIA we will herein renew the relevant documentation.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • ensuring a wound evaluation chart is maintained for patients with wounds • ensuring care plans accurately reflect prescribed care in the management of infection. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A number of steps have been taken to address this requirement with our trained nurses. Information contained in kardex's will be transferred to care plan notes and a wound evaluation chart maintained for patients with wounds.</p>

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 18</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the use of keypad locks within the home in conjunction with guidance from the Department of Health on Human Rights and the Deprivation of Liberty (DoLs); and the home's registration categories.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In consultation with residents and relatives, keycode numbers have been provided at the internal door to enable easier egress from the building. Management aim to retain a keypad lock for safety and security purposes and will do so in accordance with best practice.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A yearly planner has been developed with scheduled meetings and dates clearly identified, these have been planned in accordance with the standards.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2018</p>	<p>The registered person shall ensure that the staffing rota clearly identifies the manager's hours and the capacity in which these were worked.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Adherence to Standard 41 is generally good however our manager will ensure that all hours worked in a nursing capacity are clearly recorded.</p>

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



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