

Unannounced Care Inspection Report 11 February 2021



Sanville

Type of Service: Nursing Home
**Address: 17b Annagher Road, Coalisland,
Dungannon, BT71 4NE**
Tel No: 028 8774 8005
Inspector: Dermot Walsh

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.

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 40 persons.

3.0 Service details

<p>Organisation/Registered Provider: Sanville</p> <p>Responsible Individual(s): Brendan Gervin Alice McAleer</p>	<p>Registered Manager and date registered: Claire Reid</p> <p>7 July 2017</p>
<p>Person in charge at the time of inspection: Claire Reid</p>	<p>Number of registered places: 40</p> <p>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 non-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-MP.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 34</p>

4.0 Inspection summary

An unannounced inspection took place on 11 February 2021 from 10.00 to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance

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	*1	3

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Alice McAleer, Responsible Individual, Bronwyn Toner, Director, Claire Reid, Registered Manager and Sharon Loane, Operational 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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with seven patients, six staff and two visiting professionals. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota
- staff training records
- minutes of staff/patient meetings
- supervision/appraisal planner
- domestic cleaning records
- a selection of quality assurance audits
- incident and accident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints/compliments records
- programme of activities
- RQIA certificate
- monthly monitoring reports
- three patients' care records

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

The most recent inspection of the home was an unannounced premises inspection undertaken on 14 February 2020. No further actions were required to be taken following the most recent inspection. The most recent care inspection was conducted on 24 September 2019.

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 27 (4)(b) Stated: First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring that fire doors are not propped open.	Met
	Action taken as confirmed during the inspection: No fire doors were observed propped open during the inspection.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.	Not met
	Action taken as confirmed during the inspection: Chemicals were observed accessible to patients within two areas in the home. This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the environmental issues identified during the inspection are managed effectively to minimise the risk of infection for staff, patients and visitors.	Met
	Action taken as confirmed during the inspection: The environmental issues identified during the previous care inspection had been managed effectively.	

6.2 Inspection findings

Staffing

On the day of inspection 34 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection and a review of the duty rota for week commencing 1 February 2021 confirmed that the planned staffing levels had been achieved. The nurse in charge of the home in the absence of the manager was identifiable on the duty rota. Patients spoke positively on the care that they received and voiced no concerns in regards to the staffing arrangements. One told us, "Staff here are dead on; hard to beat." Another commented, "Staff are very good here. They are all very approachable." Six staff consulted identified concerns with regards to the staffing arrangements in the home and in particular with the evening shift. The staffs concerns were shared with the homes' management for their review and action as appropriate.

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Training had previously been provided face to face in the home but due to the COVID – 19 pandemic the majority of training was now online. Staff confirmed that they found face to face training more effective, though, understood the reason that this had been stopped for now. The manager confirmed that a system had been established to inform staff of any upcoming training. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons. Staffs' supervision and appraisal planners for 2021 had been completed to ensure that these are conducted with staff. In addition to the annual appraisal, the manager confirmed that they aimed to have staff supervisions conducted every three months with each staff member.

There was evidence of recent staff meetings which had occurred. Minutes of the meetings had been recorded. The manager confirmed that briefings at staff shift handover times were also utilised to keep staff up to date with any changes in the home or changes with COVID – 19 guidance. An employee engagement survey had been completed and the manager confirmed that another survey with staff would be completed later in the year.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. Patients spoke positively in relation to engagements with the staff. One told us, "The staff are so good. They're always coming in to see me." Another commented, "Staff are excellent. I love it here. The food is dead on. You just have to ask for anything you need here."

Two visiting professionals consulted during the inspection were very positive in their feedback on care delivery in the home. One complimented the staffs' knowledge and experience and their ability to make decisions. The second stated, "This is a great family run home. The staff are second to none and always follow any instructions left. "

There was good evidence that activities were occurring in the home. Cards which patients had made were on display at the reception area. A programme of activities for week commencing 1 February 2021 was displayed in the foyer of the home identifying planned morning and

afternoon activities. Activities included bingo, arts and crafts, manicures, games, one to one engagements, music and exercise. Activities also took into consideration the time of the year such as Valentine's Day and The Feast of St. Brigid where patients were assisted with making St. Brigid's crosses. We observed patients enjoying activities during the inspection; however, following feedback from three patients, an area for improvement was made to review the provision of activities to ensure that all patients who wish to engage in these were receiving meaningful activities.

Indoor visiting was ongoing in accordance with the Department of Health guidelines. An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were scheduled on an appointment basis. Visitors were required to have their temperatures checked before and after the visit; complete a self-declaration form, perform hand hygiene and wear a facemask before entering the visiting room. The home provided visitors with appropriate PPE. In addition to indoor visiting, window visits and virtual visiting was encouraged.

The manager confirmed that they would normally communicate any change with residents' relatives via the telephone or via email. A social media site had also been set up which family members could log into for information. Letters had been sent to patients' next of kin during the pandemic to identify any changes in the normal running of the home.

Four care partner arrangements had been confirmed in the home. Care partner agreements had been developed identifying the care to be provided; when the care was to be provided and with whom this had been discussed and agreed with. The care partners were part of the homes' staff testing programme for COVID – 19. A system was in place to ensure that the care partners received training on hand hygiene and donning and doffing of PPE.

We reviewed the mealtime experience in the home. Patients were socially distanced in the dining room. Staff wore the appropriate PPE when serving meals or assisting patients with their meals. Staff sat with patients when assisting with the meal and patients were assisted in an unhurried manner. Drinks were served with the meal. Patients wore clothing protectors where required. Food served appeared nutritious and appetising. Patients appeared to enjoy the mealtime experience. Three patients were complimentary in regard to the standard of the food when asked.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'I haven't seen ... look so well in years. You have been the making of ... '
- 'I don't know how I would have got through this if I hadn't been able to have these calls. They are the highlight of my week. '
- 'Thank you for the great job looking after our family members. You are angels in disguise. Well done to you all.'

Care records

Three patients' care records were reviewed during the inspection. A holistic set of risk assessments had been completed in a timely manner from the patients' admission to the home and reviewed accordingly to monitor the risk. Risk assessments informed the patients' care plans. Care plans had been subject to regular review to ensure that these were up to date and remained relevant for the patient. Care plans had been updated to reflect the views of other health care professionals such as the dietician or tissue viability nurses.

There was evidence within the care records to identify when referrals to other services had been made. Care records were easily navigated and had been maintained to a high standard.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask and a visor. Both were available at the entrance to the home. Hand hygiene was available at the entrance to the home. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. Patients' temperatures were checked twice a day as a means to detect if any were developing symptoms.

Staff confirmed that training on IPC measures and the use of PPE had been provided. However, during the inspection staff were observed not wearing the appropriate PPE when performing moving and handling practices and mobilising patients prior to lunch. This was discussed with the manager and identified as an area for improvement. Hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. Domestic cleaning hours had increased from the commencement of the COVID – 19 pandemic. Care staff on day and night duties also had identified cleaning duties to complete daily. The frequency of the cleaning of regular touchpoints had increased. Cleaning records had been maintained.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Corridors and stairwells were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of any obstruction. There were no malodours in the home. The home was clean and tidy and warm. There was new flooring applied to the main dayroom. All three dayrooms had recently been redecorated with new wallpaper. Two upstairs bedrooms had the flooring recently replaced. Fifteen bedrooms in the home were en-suite.

Chemicals were observed accessible to patients within two areas in the home. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

During a review of the environment, a mattress was observed in an identified room. Discussion with staff confirmed that the mattress was being used as a 'fall-out bedside mat' which is a protective measure used to prevent injury if the patient poses an assessed risk of falling out of bed. An area for improvement was made to ensure that appropriate equipment, suitable for the purpose it was intended, is used to maintain the safety of patients within the home.

Chairs and tables in the dining area and chairs within the dayrooms had been adequately spaced to allow for social distancing. There was a large garden area to the back of the home with seating provided to allow patients to enjoy outdoors.

Leadership and governance

The management arrangements in the home had not changed since the last care inspection.

A review of recruitment records evidenced that a safe system was in place to ensure that all pre-employment checks, including Access NI checks, were verified prior to the staff member commencing employment.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. Accidents had been reviewed monthly for patterns and trends as a means to identify if any further falls could potentially be prevented. The number of accidents in the home was low.

A system was in place to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council and care workers with the Northern Ireland Social Care Council.

Monthly monitoring visits were conducted by the operational manager. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion. There were frequent director contacts with the home.

A yearly planner for auditing purposes had been completed. We reviewed the health and safety audit completed during January 2021. The audit records included an action plan which had been developed in response to any deficits identified during the audit.

A restraint register was maintained identifying any patients which were subject to a restrictive practice such as the use of bedrails or the use of a chemical restraint. Where bedrails were in use there was evidence within the care records of bedrail risk assessments and care plans completed to ensure safe use. Deprivation of liberty care plans and human rights care plans were also in place.

A complaints file was available for review. Complaints records included the actions taken to remedy any complaint including the details of any investigation and the corresponding actions. Complaints were audited monthly and informed the monthly monitoring visit.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management. Staff confirmed that they would have no issues in bringing any concerns to the attention of the home's management.

Areas for improvement

Areas for improvement were identified in relation to activities, the appropriate use of equipment and staffs' compliance with personal protective equipment. An area for improvement in relation to the storage of chemicals has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	3

6.3 Conclusion

The atmosphere throughout the home was relaxed. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received. Staff had received IPC training and training in the use of PPE. Care records had been maintained to a high standard. There was evidence of good working relationships between staff and management. Four areas for improvement were identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alice McAleer, Responsible Individual, Bronwyn Toner, Director, Claire Reid, Registered Manager and Sharon Loane, Operational 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: With immediate effect	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Ref 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: Training re COSHH has been re-issued to all staff commensurate with their roles and responsibilities. Competency assessments have also been re-issued with follow up actions taken as required.</p> <p>A range of measures are being taken to ensure the learning has been embedded into practice to include random daily checks by management ; person in charge, team leaders and housekeeper.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 11 Stated: First time To be completed by: 28 February 2021	<p>The registered person shall review the provision of activities in the home to ensure that all patients, who wish to engage, are included in regular meaningful activity.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: We are very proud of our activity provision which may have been inadvertently impacted during this pandemic. All measures are being taken to ensure inclusivity.</p>
Area for improvement 2 Ref: Standard 46 Criteria (2) Stated: First time To be completed by: 28 February 2021	<p>The registered person shall ensure that training provided on infection prevention and control and the use of personal protective equipment is embedded into practice.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Identified shortfalls have been communicated to all staff re PPE and observations have evidenced compliance and improvement.</p> <p>Infection prevention and control measures are monitored on a continuous manner. Supervisions, audits and training are in place to ensure the the use of personal protective equipment is embedded into practice.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall that equipment is only used for the purpose it was designed for. This is in reference to the use of a mattress as a fall-out bedside mat.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The mattress referred to above was removed at the end of the inspection process and a fall out mat was installed. The identified shortfall was communicated to staff team for learning and reduce any future risk.</p>

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



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