

Inspection Report

13 September 2024



Sanville

Type of service: Nursing Home
Address: 17b Annagher Road, Coalisland,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Abbey Private Nursing Home Ltd Responsible Individuals: Mrs Alice McAleer	Registered Manager: Mrs Eilis Bell Date registered: 14 July 2023
Person in charge at the time of inspection: Ms Ayumi Andres, Nurse in Charge, from 09.50 am to 10.20 am Mrs Eilis Bell, Manager, from 10.20 am to 5.20 pm	Number of registered places: 40 Including a maximum of one patient within category NH-LD/LD(E) and two patients within category NH-MP/MP(E). There shall be a maximum of five non-identified persons in category NH-DE. The home is also approved to provide care on a day basis for one person.
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years LD – learning disability LD(E) – learning disability – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 40
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 40 patients. Patients' bedrooms are located over two floors and patients have access to communal lounges, dining rooms and a garden space.	

2.0 Inspection summary

An unannounced inspection took place on 13 September 2024 from 09.50 am to 5.20 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery, record keeping, the patient dining experience and the environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

This inspection resulted in no new areas for improvement being identified.

The home was found to be clean, tidy, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, a patients' relative and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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 on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Eilis Bell, Manager, and the Management Team, at the conclusion of the inspection.

4.0 What people told us about the service

Patients, a patients' relative and staff spoken with on the day of inspection, provided positive feedback about Sanville. Patients told us that they felt well cared for; enjoyed the food and that staff were nice to them.

A patient spoken with commented, "I'm content here. The staff are attentive and I have the choice of what I want to do. I like to sit in the conservatory and I'm invited to attend the activities provided. I don't have any concerns but if I had, I could speak with the manager or staff and would be confident that they would be sorted out promptly."

A patients' relative spoken with said, "The staff are friendly and approachable. He is well cared for and his room and bedding is always clean. I'm relieved that he's receiving twenty-four hour care as things were getting difficult to manage at home. I have no concerns at all."

Staff said that the manager was approachable; that staff morale was good; that there were enough staff on duty to care for the patients and they felt well supported in their role.

Following the inspection no completed questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Sanville was undertaken on 3 August 2023 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. It was noted that gaps in employment records had been explored with explanations recorded and pre-employment health assessments were

in place. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff members commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

The provision of mandatory training was discussed with staff. 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. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, dementia awareness, dysphagia awareness, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Mrs Eilis Bell was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding patients at risk of falls were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that observations were recorded for a period of at least twenty-four hours in line with post fall protocol and current best practice.

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. Care plans were in place for the management of bed rails.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by healthcare professionals.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Patients were observed to be offered a selection of drinks, biscuits and scones from the mid-morning tea trolley by staff.

We observed the serving of the lunchtime meal in the dining room on the ground floor. A safety pause to allow for consideration of the drinking and swallowing needs of individual patients was coordinated by the registered nurse and attended by staff prior to the serving of the meal. Staff had written information on each patients' dietary requirements and they confirmed they had access to The International Dysphagia Diet Standardisation Initiative (IDDSI) information. The menu was displayed on the notice board, outlining what was available at each meal time for patients and tables were nicely set with flowers and condiments. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered whilst being taken to patients' rooms. There was a variety of drinks available.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various IDDSI levels of modified foods and demonstrated how to modify the consistency of drinks. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime service.

Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was nicely decorated, comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Patient call systems were noted to be answered promptly by staff.

Equipment used by patients such as wheelchairs and the chair used to weigh patients were noted to be effectively cleaned.

Treatment rooms, sluice rooms, the laundry and the cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as playing board games, bingo, crochet, embroidery, arts and crafts. Before lunch, patients were observed to enjoy participating in an armchair exercise session with staff.

Patients spoken with said they enjoyed the activities they attended, especially the Music Man and The Olympic Games where patients were awarded gold medals for taking part.

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Discussion with staff, patients and their representatives evidenced that the 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 manager.

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. The manager confirmed that day care is not provided at present.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

It was noted that staff supervision and appraisal had commenced. The manager confirmed that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the 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 care records, health and safety, the patient dining experience and IPC practices including hand hygiene.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Records reviewed confirmed that systems were in place to ensure that complaints were managed appropriately. Patients and a patients' relative spoken with said that they knew who to approach if they had a complaint.

Review of records evidenced that patient, patients' representative and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Eilis Bell, Registered Manager, and the Management Team, as part of the inspection process and can be found in the main body of the report.



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