



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 24 September 2019



Sanville

Type of Service: Nursing Home
**Address: 17b Annagher Road, Coalisland,
Dungannon, BT71 4NE**
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Inspector: Jane Laird

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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 registered nursing home which provides 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 7 July 2017</p>
<p>Person in charge at the time of inspection: Claire Reid, registered manager</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: 40</p>

4.0 Inspection summary

An unannounced care inspection took place on 24 September 2019 from 10.15 hours to 17.15 hours.

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

The inspection assessed whether the home was delivering safe, effective and compassionate care and if the service was well led. The responsible individual, Alice McAleer, and the operational manager, Sharon Loane were in attendance for feedback.

Evidence of good practice was found in relation to culture and ethos of the home, meaningful activities, governance arrangements, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), fire safety and control of substances hazardous to health (COSHH).

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

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Alice McAleer, responsible individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 31 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 31 January 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life

- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 16 September to 29 September 2019
- 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
- one staff recruitment and induction files
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly monitoring reports for July 2019 and August 2019
- RQIA registration certificate

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On arrival to the home we received a warm welcome from the manager and the responsible individual Brendan Gervin. Patients were mainly seated in one of the lounges having finished their breakfast, whilst others were either seated in their bedroom or in bed as per their personal preference and/or assessed needs. Staff were friendly and appeared confident in their delivery of care and interaction with patients.

On observation of the staffing provision and review of the duty rota we were assured that there was an appropriate skill mix and quantity of staff to deliver care effectively. Staff spoke positively about the management and ethos of the home. Comments included; "Very supported by management", "Great team" and "I love working here". One staff member did comment that they felt more staff were needed as the dependency needs of the patients had increased. This was discussed with the manager who confirmed that dependency levels were in the process of being reviewed again to ensure that adequate staffing levels are provided. The manager further discussed the homes recent recruitment of suitably skilled care assistants to ensure that a full complement of staff is available to meet the needs of the patients and to maintain a high standard of care delivery.

Patients spoken with were very complimentary of the staff and expressed that they felt valued and safe living in Saville. Comments included; "Couldn't ask for better staff" and "I have everything I need". We also sought the opinion of patients on staffing via questionnaires. The respondents were very satisfied with the service provision across all four domains. Comments included; "The staff are doing an excellent job".

On review of one staff recruitment record it was evident that an enhanced Access NI disclosure had been sought received and reviewed prior to commencing work. We discussed the provision of mandatory training with staff and reviewed staff training records for 2019/2020 which were well maintained. Training was taking place within the home during the inspection in relation to dementia, deprivation of liberty, restraint, dysphagia and food hygiene. 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.

We reviewed records in relation to the monitoring of the registration status of registered nurses and care assistants which confirmed that a process was in place. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. A review of records evidenced that registered nurses complete a yearly competency and capability assessment and all staff receive a yearly appraisal and biannual supervisions. However, it was identified that there was no system in place to record when the assessment, appraisals and/or supervisions had taken place and when they were next due. We further identified that one registered nurse had not received their yearly competency and capability assessment. This was discussed with the manager and following the inspection the manager forwarded relevant documentation to evidence that the assessment had been completed and that a new monitoring system had been established.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The management team were in the process of commencing a refurbishment plan to redecorate identified areas within the home to enhance the internal environment with work proposed to commence in February 2020.

A number of infection prevention and control deficits were identified within patients' bedrooms and bathrooms in relation to the cleanliness of equipment and two identified mattresses. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use and dust was evident to a number of high and low surfaces. Other areas that were identified as not appropriately cleaned were discussed in detail with the manager and identified as an area for improvement.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, we observed a patient's bedroom door being held open with a bed side locker and a domestic store unattended with the door propped open and chemicals easily accessible. Fire safety and control of substances hazardous to health (COSHH) were discussed with the manager who agreed to monitor this type of practice going forward and to discuss with relevant staff the importance of patient safety. This was identified as two areas for improvement.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care and environment audits were also carried out monthly. On review of the issues identified during inspection the management team had identified some of the deficits and had initiated suitable action plans. The responsible individual recognised the need for a more robust oversight of the housekeeping to ensure good standards are maintained and discussed the recruitment plans for a head of housekeeping personnel. The manager further discussed other audits such as hand hygiene which is to be completed monthly and had recently introduced mattress audits which were in the process of being completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control (IPC), fire safety and control of substances hazardous to health (COSHH).

	Regulations	Standards
Total number of areas for improvement	2	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients' weight, management of falls and wound care. A daily record was maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker.

Care records reflected that, where appropriate, referrals were made to healthcare professionals and there was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Review of supplementary records evidenced that contemporaneous record keeping in relation to repositioning and dietary/fluid intake were being well managed within the home. However, we identified that the set fluid target was not documented on any of the recording charts and there were inconsistencies identified within one patient's care records regarding the recommended set fluid target.

This was discussed with the manager who had already identified through the monthly auditing process that this required a review and was in the process of reviewing all patient care records and recording charts to ensure that the recommended set target is appropriate to the patient's needs.

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. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns they could raise these with the manager or the nurse in charge.

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

Areas of good practice

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

Areas for improvement

There were no areas for improvement identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity coordinator was very enthusiastic in her role and staff were observed to use every interaction as an opportunity for engagement with patients. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff and music therapy was being provided by a local artist in the afternoon where patients enjoyed a sing along and were encouraged to join in with various musical instruments that were provided. Care records contained the social history of the patients and their preferences in relation to activities. A colourful and interesting autumn display was situated on a large notice board within the reception area which was created by the patients using their favourite memories of autumn. The outdoor garden space and grounds were well maintained and the home had recently achieved an award for the second consecutive year for the Southern Region "Best kept Health and Social Care Residential Facility 2019". The inspector commended the staff for their dedication and interaction with the patients through the diverse range of activities offered and for achieving their award.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements scheduled.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. A team leader was overseeing the mealtime and was observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. 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. The menu was on display within the dining room and offered a choice of two main meals.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Great home, great management and team"
- "Very grateful to you all"

Consultation with 13 patients individually, and with others in small groups, confirmed that living in Sanville was a positive experience.

Patient comments:

- "Great staff here"
- "I have everything I need"
- "Well looked after here"
- "Staff are great"
- "I love it here. The staff are very kind to me"
- "Extra care here"

Representative's comments:

- "No concerns"
- "Staff are great"
- "Great care"
- "Very good place here"

Four questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included; "Very happy here" and "its home from home".

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

There were no areas for improvement identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and capacity in which these were worked were recorded. Discussion with the staff and patients evidenced that the managers working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the home manager.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships in the home 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, quality improvement and maintaining good working relationships.

Areas for improvement

There were no areas for improvement identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A review of fire safety doors has been undertaken, door closures have been repaired. Other doors as per residents wish for them to remain open have been fitted with door closures. A supervision has been completed with the staff team regarding the importance of fire safety and the fire doors and this will be monitored on a daily basis by the Registered Manager and Nurse in Charge.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<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: 6.3</p>
	<p>Response by registered person detailing the actions taken: Group supervisions have been undertaken with ancillary staff re: safe storage of chemicals. This will be monitored as part of a daily walk around and re-iterated in COSHH training provided to staff.</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 46</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2019</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Matters raised during the course of the inspection process have been addressed. An IPC audit of all areas pertaining to IPC is due to be completed to monitor progress and action and shortfalls identified. Random sampling of audits completed will be correlated to assure findings are sufficiently robust.</p>

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



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