



Unannounced Care Inspection Report 31 January 2019



Sanville

Type of Service: Nursing Home (NH)
**Address: 17b Annagher Road, Coalisland,
Dungannon, BT71 4NE**
Tel No: 028 8774 8005
Inspector: Jane Laird

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 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: Claire Reid</p>
<p>Person in charge at the time of inspection: Marie McNulty registered nurse 12.05 – 13.05 hours Claire Reid, registered manager 13.05 – 17.00 hours</p>	<p>Date manager registered: 7 July 2017</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 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 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>

4.0 Inspection summary

An unannounced focused inspection took place on 31 January 2019 from 12.05 hours to 17.00 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 inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if improvements made had been sustained.

There was clear evidence of a robust management and governance structure within the home. Mr Brendan Gervin and Ms Alice McAleer, responsible individuals visited the home to meet with the inspector. The regional manager Sharon Loane was also in attendance during the inspection and was there for feedback. The registered manager has established sound management systems in the home and has developed a strong staff team.

Evidence of good practice was found in relation to staff recruitment, training, wound care audits, management of complaints and incidents, communication between residents, staff and other key stakeholders and maintaining good working relationships.

Further areas of good practice was identified in relation to the 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.

There were no areas for improvement identified during this inspection.

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	0	0

The inspection resulted in no areas for improvement. Findings of the inspection were discussed with Claire Reid, registered manager and Sharon Loane, regional manager as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 4 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 4 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report

- the returned QIP from the previous care inspection
- pre-inspection audit.

During the inspection the inspector met with 20 patients, two patients' relatives, and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed at the main entrance to the home.

The following records were examined during the inspection:

- staff training records
- staffing rota for weeks commencing 21 January 2019 and 28 January 2019
- three patients' care records
- a selection of governance audits
- complaints records
- minutes of staff meetings
- two staff recruitment files
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 August 2018

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 21 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of two staff recruitment files confirmed that staff were recruited in accordance with best practice and legislation and that the evidence of this was present in staff recruitment and selection files.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	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. This area for improvement is made in reference to the following: <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. 	Met
	Action taken as confirmed during the inspection: Review of three patients care records evidenced that wound evaluation charts were maintained for patients with wounds and care plans accurately reflected the prescribed care in the management of infection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the use of keypad locks within the home were in conjunction with guidance from the Department of Health on Human Rights and the Deprivation of Liberty (DoLs); and the home's registration categories.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that staff meetings were on a quarterly basis.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staffing rota clearly identifies the manager's hours and the capacity in which these were worked.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the staffing rota clearly identified the manager's hours and the capacity in which these were worked.	

6.3 Inspection findings

6.3.1 The Patient Experience

We arrived in the home at 12.05 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within the dining room, one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed and others were having their hair styled by the hair dresser, again in keeping with their personal preference or their assessed needs. 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. On the day of the inspection the activity coordinator facilitated a tour of the home and introduced the patients individually. The activity coordinator was very knowledgeable about the patients' individual interests and encouraged patients to use their skills/talents where possible. A game of bingo was taking place in the dayroom in the afternoon with prizes available for those who had the lucky numbers. There was also a word game which was displayed on a flip chart where patients were asked to think of as many words they could make from the word on display. The patients appeared to enjoy the interaction between the staff and each other and spoke highly of the activity coordinator.

A plaque was on display at the external entrance of the home which had been awarded to the home in September 2018 for the Best Kept Residential Facility 2018 for the Southern Region. The outdoor garden space and grounds were well maintained with a bird feeder for those who enjoy watching the various types of birds coming and going during the changing seasons. Daffodils were beginning to bud within the garden which were planted by the local girl guides and there were colourful pictures attached to the fence of landscapes that were inspired from conversations with the patients of fond memories which included the beach, mountains, farming, holidays and flowers, all of which added character to the garden. 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.

We observed the serving of the lunchtime meal. The dining room was well presented by the hospitality person for the home with table clothes, condiments and drinking glasses available at each table. Lunch commenced at 12.15 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. 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.

Consultation with 20 patients individually, and with others in small groups, confirmed that living in Sanville was a positive experience.

Patient comments:

- “Staff are very good”
- “I feel safe here. The staff are great”
- “The food is great”
- “I am very happy here”
- “I like it here”

Representative’s comments:

- “Care is brilliant here”
- “Staff are great”

Two questionnaires were returned from patients’ representatives. The respondents were very satisfied with the service provision across all four domains. Two questionnaires were returned which did not indicate if they were from a patient or a patients’ representative. The respondents were very satisfied with the service provision across all four domains.

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.

No areas for improvement were identified within this area during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Staffing provision

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 21 January 2019 and 28 January 2019 were reviewed and evidenced that the planned staffing levels were adhered to. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by management, comments included; “I really love my job”, “I love it here” and “Good team work”. We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Sanville. We also sought the opinion of patients on staffing via questionnaires. One questionnaire was returned from a patient who was very satisfied with the service provision across all four domains.

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 registered manager or the nurse in charge.

No areas for improvement were identified within this area during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Staff Training

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018/2019. 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 DHSSPS Care Standards for Nursing Homes 2015. 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. However, there were deficits identified in the terminology used within the homes policy. This was discussed with the registered manager who agreed to review and amend the policy immediately.

No areas for improvement were identified within this area during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, however, it was identified that one patients care plan regarding adult safeguarding was based on terminology which is no longer used and not in accordance with current regional operational safeguarding policy and procedures guidance. This was discussed with the registered manager who provided assurances that all patients care plans would be reviewed and amended.

We also reviewed the management of nutrition, patients' weight, management of falls and wound care. A daily record had been 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 such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake, repositioning records and elimination records 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 tissue viability nurse (TVN), SALT or the dietician. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records.

6.3.5 General environment

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. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout and although there were some infection prevention and control (IPC) issues identified such as the storage of patient equipment within communal bathrooms, raised toilet seats and commodes not effectively cleaned after use and clean linen stored within a sluice room, an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. An action plan detailing the provisions taken by the registered manager was forwarded to RQIA following the inspection.

No areas for improvement were identified within this area during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.6 Management and Governance of the home

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 clearly recorded. Discussion with staff/patients/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 reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and 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.

Review of two staff recruitment files evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also 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, however, on review of one recruitment folder there was no written evidence of induction. This was discussed with the registered manager who stated that the induction paper work was with the employee who was still completing the induction process. The registered manager acknowledged that a note should have been placed within the staff folder indicating that the induction paper work was with the employee and a date for completion. The registered manager has agreed to implement this going forward.

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.

A selection of governance audits were reviewed which were completed on a monthly basis by the registered manager. Wound care audits were well maintained which provided a clear action plan when deficits were identified.

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.

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. Copies of the report were available for patients, their representatives, staff and trust representatives.

The inspector evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/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.

No areas for improvement were identified within this area during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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