The Regulation and Quality Improvement Authority

Inspection Report

28 & 29 September 2021

Croaghpatrick

Type of Service: Nursing Home
Address: Miller Hill, 235 Millisle Road, Donaghadee, BT21 0LN
Tel No: 028 9188 8383

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

1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care (FSHC) **Responsible Individual:** Mrs Natasha Southall	**Registered Manager:** Mrs Laura Ferguson – not registered.
Person in charge at the time of inspection: Ms Jennifer Bell - deputy manager	**Number of registered places:** 67
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 47
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 67 patients. Patients' bedrooms are located over two floors. The upstairs floor can also provide care for up to six patients who require a short period of rehabilitation following discharge from hospital. Patients have access to communal lounges and dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 28 September 2021 from 10.10am to 6.00pm and on 29 September 2021 from 10.55am to 4.00pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that living in Croaghpatrick was a good experience. Those patients who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings. Positive interactions were observed during the inspection between staff and patients with staff knowledgeable about patients' needs and preferences.

Nine areas for improvement were identified during the inspection; one area for improvement was stated for a second time.

The findings of this report will provide the manager with the necessary information to improve staff practice and enhance 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 previous areas for improvement issued, 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 and 'Tell Us' cards 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 this inspection were shared with Jennifer Bell, deputy manager and Michelle McMullan, a manager from another FSHC facility who was providing support to the home on the days of inspection. Telephone feedback was also provided on the second day of the inspection to Janice Brown, regional manager and Laura Ferguson, manager. Further feedback was shared via telephone with the manager on 30 September 2021.

4.0 What people told us about the service

During the inspection we spoke with 10 patients individually, a small group of patients in the dining room on the ground floor, two patients' relatives and six staff. Patients expressed no concerns about the care they received in Croaghpatrick. Patients told us that they were "happy", "all the staff are very good" and "the food is very good." Staff said that the manager was approachable and that they felt supported in their role.

No questionnaires were received by patients, patients' representatives or staff within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"A huge thank you to all the staff in Croaghpatrick for all your patience, understanding and top class care you all showed and provided for Dad.''

5.0 The inspection

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

Areas for improvement from the last inspection on 26 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that residents are protected from hazards to their health.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced both storerooms that were identified at the last inspection now have a key pad lock in place. Both the storerooms were observed to be locked appropriately.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 39 **Stated:** First time	The registered person shall ensure that all employed staff receive training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).	**Not Met**
	Action taken as confirmed during the inspection: On review of records, it was evident that nursing staff had completed this training. However, DoLS training has not been completed by the wider staffing group. This area for improvement has not been met and is stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that an enhanced AccessNI check had been sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

The deputy manager advised that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

On review of the registration status of registered nurses with the (NMC), it was noted that the registration status for one registered nurse was not recorded. This was brought to the attention of the deputy manager who advised this was an oversight and provided evidence that the staff member was appropriately registered with NMC. The deputy manager advised us that this information would be added to the appropriate governance records.

Further checks were made to ensure that care staff were registered appropriately with the (NISCC). On review of the records available, it was unclear if three staff were actively registered with NISCC as records were unavailable to view. In correspondence received from the home manager on 30 September 2021, assurances were received that all staff on the duty rota were registered with NISCC. It is necessary that management devise a robust auditing system to monitor the registration status of staff and this has been identified as an area for improvement.

Review of nurse competency and capability records during and following the inspection highlighted that not all registered nursing staff had completed these during 2021. This was discussed and confirmed by the manager, post inspection. An area for improvement was identified.

During the inspection, a selection of records requested were not readily available for inspectors to view. Records at all times should be available for inspection in the home by any person authorised by the RQIA and it is necessary that the person in charge of the home is able to access these records. An area for improvement was identified.

Staff supervision and appraisals were discussed with the manager, post inspection, who advised that supervisions had commenced for 2021 and that a system was in place to ensure that annual appraisals will be completed.

The deputy manager explained that staffing is regularly reviewed and no concerns were raised in relation to staffing levels. The staff duty rota reflected all staff working in the home on a daily basis, including their job role and hours worked. However, it was not clear from the duty rota who was in charge of the home in the absence of the manager and an area for improvement was made.

On discussion with staff, they indicated there was good team work; that they felt well supported in their role; and that the level of communication between staff and management was good.

Four staff members spoken with said:

- “I’ve been here for many years and it’s a good place to work. The manager is approachable. If we need anything, we can ask and she will get it for us.’’
- “I enjoy my job and love looking after the patients. We’re a good team and I have no issues or concerns at all.’’
- “The patients come first. It’s important to me to provide good care to them.’’
- “It’s a good place to work. I love it here and really enjoy my job. We’re a good team and everyone supports each other. I have no worries at all.’’

Patients spoke positively about the staff describing them as “very good” and “nice.” Two patients indicated if they had any concerns they could bring these to the attention of staff or the home manager.

Two patients spoken with said:

- “The staff are nice and friendly and they look after me well. I’ve no issues or concerns at all and the food is enjoyable.’’
- “The food’s lovely and always hot and well presented. It couldn’t be better. I’m well looked after and the staff are very nice.’’

Patients’ relatives/visitors reported they were happy with the care their loved one received in the home. One visiting family member advised she is a Care Partner and has found this to be a positive experience; they also advised that if they had any issues they would bring these to the attention of the manager and feels able to do so.

A patient’s relative spoken with commented:

“Staff work hard here. They have been very supportive throughout the pandemic to Mum and she’s happy and content with her care and her health has improved. There is a good activity programme which Mum enjoys.’’ The provision of activities is discussed further within Section 5.2.4.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in addressing patients’ care needs and in responding to the nurse call system. Staff were noted to be skilled in communicating with patients and were seen to be respectful and sensitive to their needs. Good rapport was evident between staff and patients.

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.

Review of patients’ care records regarding nutrition, choking risks and weight management were clearly documented and well maintained to direct the care required and reflect the

assessed needs of the patients. Appropriate risk assessments and evaluations had been completed.

Patients who are less able to mobilise require special attention to their skin care. These patients were observed being assisted by staff to change their position regularly. A sample of supplementary repositioning records reviewed, were found to be completed in an accurate and detailed manner.

It was noted that supplementary records regarding patients' food and fluid intake were comprehensively completed.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

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 other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

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 verbal encouragement through to full assistance from staff. The dining experience was an opportunity for patients to socialise, with the atmosphere noted to be calm, relaxed and unhurried. Patients were observed to be enjoying their meals within the home's two dining rooms with some patients opting to remain in their bedrooms. There was choice available for the patients and the food looked and smelt appetising. The patients reported the food to be good. Staff attended to patients in a caring and compassionate manner. However, there were no menus on display outlining what was available at each meal time and this has been identified as an area of improvement.

On review of the home's environment, confidential records were stored in the upstairs unit. The room was not locked and accessible. This was brought to the attention of management and these records were moved to a secure location. An area for improvement has been made.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Observation of the home environment included a sample of bedrooms, bathrooms, storage areas and communal areas such as lounges and dining rooms. The home was observed to be clean, warm, well-lit and free from malodours.

Patient's bedrooms were observed to be clean, tidy and personalised with sentimental items such as family pictures and paintings. In two patients' bedrooms it was identified that carpets needed replaced; this was discussed with Jennifer Bell, deputy manager and Michelle McMullan, FSHC manager who explained that a refurbishment plan is ongoing within the home and this will be addressed. This will be reviewed at a future inspection.

The corridors within the home were observed to be clean and free from clutter or inappropriate storage. Carpet was noted to be worn and in need of replacement in the downstairs corridor and one identified bedroom. On the first floor, it was also noted that carpet required to be

replaced in a patient's bedroom. This was also discussed with Jennifer Bell, deputy manager and Michelle McMullan, FSHC manager who agreed that it would form part of the ongoing refurbishment plan. An action plan was forwarded to RQIA on 6 October 2021 outlining the home's refurbishment plan and proposed timescale of completion. This will be reviewed at a future inspection. This plan has also been shared with the RQIA estates team.

Measures were in place to manage the risk of COVID-19. The home participates in the regional testing arrangements for patients, staff and Care Partners. Personal Protective Equipment (PPE) was available at the entrance of the home for all visitors with staff observed to be checking visitors' temperature and requesting that they complete a health declaration form upon entering the home. PPE stations were available throughout the home and staff were observed to be wearing PPE appropriately. Governance records showed that Infection Prevention and Control audits were conducted regularly, monitoring staff's practices and compliance with IPC guidance.

Observation of the environment highlighted several IPC deficits, namely: the foot pedal on two waste bins were not working and needed to be replaced or repaired; three storage rooms were identified to be cluttered and untidy with items being stored on the floor hindering effective cleaning; a number of commodes had evidence of rust impacting effective cleaning of same; some items displayed on a notice board required laminating in keeping with IPC good practice; and there were minimal hand sanitising stations located throughout the home for staff and visitors. These findings were discussed with Jennifer Bell, deputy manager and Michelle McMullan, FSHC manager and have been identified as an area for improvement.

A thickening agent for patients who require a modified diet was observed to be stored within an unlocked cupboard; this was brought to the attention of staff who placed it immediately within a secure area of the home. This was discussed with Jennifer Bell, deputy manager and Michelle McMullan, FSHC manager who assured us this would be brought to the attention of all staff to ensure thickening agents are stored in a safe place.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients preferred to spend time in their bedrooms while others enjoyed socialising within communal areas such as the lounges and dining rooms. Patients who were in their bedrooms were observed to be watching TV or listening to the radio.

There was a range of activities provided for patients by staff. A Patient Activity Leader (PAL) is employed in the home who had devised a daily schedule for activities. Discussion with staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' social needs were met through a range of individual and group activities. Bingo was noted to be the morning's activity on the first day of the inspection with one patient telling the inspector that she had won three prizes. Due to the ongoing refurbishment of the foyer, the activity planner was not on display. This was discussed with the manager who has since provided assurances that the activity planner is now displayed in the dining room so that patients know what is scheduled. This will be reviewed at a future inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Laura Ferguson remains the acting manager of the home.

The home is visited on a monthly basis by the registered provider's representative to consult with patients, their relatives and staff and to examine all areas of the running of the home. Monthly monitoring reports were viewed for the month of July 2021 and August 2021; it was encouraging to note that these had been completed in an effective manner and contained action plans which had also identified some of the deficits stated within this report. It was established that the manager has a system in place to monitor accidents and incidents which occur within the home. However, review of these records highlighted that these had not been consistently reported to RQIA in keeping with Regulation; an area for improvement was identified.

We discussed the provision of mandatory training 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. There was evidence of mandatory staff training including: moving and handling, fire safety, adult safeguarding, infection prevention and control, and dementia awareness. The manager advised staff training is ongoing as it was noted that there are still staff yet to complete some aspects of mandatory training.

6.0 Conclusion

Patients presented as happy and relaxed in the home environment and there were positive interactions observed between staff and patients. Staff were knowledgeable about patients and considerate to their needs.

Patients were seen to express their right to make choices throughout the day and staff were observed to ensure patients' dignity and privacy were maintained.

Nine areas for improvement were identified and are outlined within Section 7.0. One area for improvement was stated for a second time.

Thank you to the patients, patients' relatives and staff for their assistance and input during the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	3	*6

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Jennifer Bell, deputy manager, Michelle McMullan, manager from another FSHC facility, Laura Ferguson, manager and Janice Brown, regional manager. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (3) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the RQIA and that the person in charge of the home is able to access these records. Ref: 5.2.1
	Response by registered person detailing the actions taken: All records including Audits, Competencies, NMC/NISCC checks are accessible from files in the Managers Office. In respect of personnel files, the Home Administrator also holds keys for the filing cabinet in the Manager's office for access in the Manager's absence.These areas will be monitored within the Regulation 29 Report.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed:** With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. Ref: 5.2.3
	Response by registered person detailing the actions taken: A Refurbishment plan was sent as requested. New carpets have been ordered and await to be fitted. 12 new pedal bins were ordered and those found with faults were replaced. 10 new commodes ordered and those with rust were disposed off and replaced with the new ones. Items were reviewed on notice board and those required were laminated. 10 new sanitising units purchased and put in place at each danicentre. On review thickening agents have been in a locked cupboard These areas will be monitored within the Regulation 29 Report..

Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that RQIA is made aware of any notifiable event without delay. Ref: 5.2.5
	Response by registered person detailing the actions taken: Home Manager and Deputy Home Manager have reviewed the reporting guidance and shall ensure that all incidents required to be reported will be done so in a timely manner. These areas will be monitored within the Regulation 29 Report..
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 39 **Stated:** Second time **To be completed by:** 18 November 2021	The registered person shall ensure that all employed staff receive training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Ref: 5.1
	Response by registered person detailing the actions taken: Staff received a letter on 31.08.2021, a follow up letter was issued on 05.10.21 and a further letter was re-issued on 30.11.2021 which states that if this area of improvement is not addressed fully it will be re-stated for a 3rd occasion which may result in enforcement action. Home Manager and Deputy Manager are monitoring the completion. Due to recent staffing challenges which are being reported to both SEHSCT and RQIA it is not possible at present to release staff off the floor to complete this training. Currently 25 staff have completed the training.
Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a robust system is developed and implemented which ensures effective managerial oversight in relation to staff registration with the NMC / NISCC. Ref: 5.2.1
	Response by registered person detailing the actions taken: NMC checks completed twice monthly and comments added as needed. NISCC checks completed by Deputy Home Manager, Deputy Manager to liaise with Home Manager if any discrepancies noted and what actions have been taken These areas will be monitored within the Regulation 29 Report.

Area for improvement 3 **Ref:** Standard 39 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a robust system is developed and implemented which ensures effective managerial oversight of nurse competency and capability assessments. Ref: 5.2.1
	Response by registered person detailing the actions taken: All annual competencies completed by Registered staff alongside a competency matrix to identify competencies due dates are kept and are available in a file in the Manager's Office. 1 Medication competency is underway and 2 Nurse in Charge competencies for my newly Registered Nurses will be completed when their development has progressed sufficiently. These areas will be monitored within the Regulation 29 Report..
Area for improvement 4 **Ref:** Standard 41 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the duty rota accurately reflects the name of the nurse in charge of the home in the manager's absence at all times. Ref: 5.2.1
	Response by registered person detailing the actions taken: The nurse in charge will be highlighted with a red dot against their name, in the absence of the Home Manager, the abrreviation NIC will identify who is in charge of the building. These areas will be monitored within the Regulation 29 Report..
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing what is available each mealtime. Ref: 5.2.2
	Response by registered person detailing the actions taken: Menus previously displayed at time of inspection have been reviewed for the Autumn & Winter season. A Cook Manager has been appointed and is undertaking his induction and is aware to display the menus. A check of the daily menus is to be included in the Home Manager/Deputy Manager Daily walkabouts. These areas will be monitored within the Regulation 29 Report..

<table>
<tr><td rowspan="2">Area for improvement 6

Ref: Standard 37

Stated: First time

To be completed:
With immediate effect</td><td>The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.

Ref: 5.2.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The area identified at Inspection, now has a new lock in place. Only RN's on the first floor and Home Manager hold a key. Staff aware to keep room locked at all times. Further archiving to be completed. These areas will be monitored within the Regulation 29 Report..</td></tr>
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