



Unannounced Follow-up Care Inspection Report 4 March 2019



Croaghpatrick

Type of Service: Nursing Home (NH)
**Address: Miller Hill, 235 Millisle Road,
Donaghadee BT21 0LN**
Tel No: 028 91888383
Inspector: Linda Parkes

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 provider 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 nursing home registered to provide nursing care for up to 67 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Wilhelmina Anne Devoy
Person in charge at the time of inspection: Wilhelmina Anne Devoy	Date manager registered: 1 April 2005
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 registered places: 67

4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 09.45 to 17.45 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 the last inspection and 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 throughout the inspection in relation to the cleanliness of the environment, personalisation of the patients' bedrooms, patients' access to a nurse call system and that appropriate signage is displayed throughout the home to promote the comfort, safety and orientation of patients. Further areas of good practice was found in relation to staff provision, training, adult safeguarding, care records, governance arrangements and communication between residents, staff and other professionals.

Two areas for improvement were identified in relation to ensure that fire exits are kept clear and free from obstruction and that floor tiles in an identified toilet on the premises are well maintained to an acceptable standard in accordance with infection control best practice.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during

the inspection. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne Devoy, registered 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 7 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 7 October 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 may include information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report

During the inspection the inspector met with five patients, small groups of patients in the ground floor dining room, four patients' relatives, nine staff and one visiting Trust professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 25 February to 10 March 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- incident and accident records from 25 January to 7 February 2019
- five patient care records
- six patient care charts including food and fluid intake charts, repositioning charts and neurological charts
- a sample of governance audits including the falls audit for January 2019
- compliments received
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 October 2018

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

6.2 Review of areas for improvement from the last care inspection dated 7 October 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 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the environment evidenced that infection prevention and control issues identified during the last care inspection have been managed to minimise the risk and spread of infection. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the storage of cleaning chemicals evidenced that they were securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times. This area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered persons shall ensure the following in relation to the management of falls: <ul style="list-style-type: none"> • Neurological observations of the patient will be carried out by nursing staff in keeping with best practice standards. • Accurate and comprehensive care plans will be maintained by nursing staff at all times. 	Met

	<ul style="list-style-type: none"> Supplementary risk assessments will accurately and meaningfully refer to the risk of falls and be reviewed in a timely manner, as appropriate. 	
	<p>Action taken as confirmed during the inspection: Discussion with two registered nurses and review of three patients' care records evidenced that the management of falls, neurological observations, care plans, care plan evaluations and risk assessments were accurately and comprehensively maintained in keeping with best practice standards. This area for improvement has been met.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 4.9 Stated: Second time</p>	<p>The registered person shall ensure that registered nurses are reporting on patients' response to planned care, in accordance with NMC guidelines.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the registered nurse and review of two patients' care records evidenced that all supplementary care records correspond with the daily progress notes in accordance with NMC guidelines. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 43 Stated: First time</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system as required.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the nurse call system in all communal lounges and six patients' bedrooms confirmed that patients have effective access to the nurse call system as required. This area for improvement has been met.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is sufficient lighting in all relevant areas suitable for the needs of patients at all times.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and observation of the environment confirmed there is sufficient lighting in all relevant areas suitable for the needs of patients at all times. The registered manager advised that lighting in the corridors and reception area can be controlled by a switch to either have all or alternate lights on and that staff have been reminded to ensure that full lighting is on when required. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is appropriate internal signage throughout the home which promotes the comfort, safety and orientation of patients at all times. This includes but is not limited to, communal lounges, bathrooms and sluice areas.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and observation of the environment including communal lounges, bathrooms and sluice areas confirmed there is appropriate internal signage throughout the home which promotes the comfort, safety and orientation of patients at all times. This area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following in relation to the repositioning of patients:</p> <ul style="list-style-type: none"> • Staff will document all instances of the patient refusing repositioning care or any instances whenever repositioning occurs as a result of other care interventions. • Staff will adhere to all multiprofessional recommendations relating to the repositioning of patients, as appropriate. Staff will document such care delivery in an accurate and contemporaneous manner at all times. 	<p style="text-align: center;">Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the registered nurse and review of two patients' repositioning, supplementary charts evidenced that recommended care delivery was documented in an accurate and contemporaneous manner. This area for improvement has been met.</p>	
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6.3 Inspection findings

6.3.1 The internal environment.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, and clean throughout. The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date. The registered manager advised there is an ongoing programme for the replacement of vanity units in the home and only one remains to be replaced.

Observation of the nurse call system in all communal lounges and six patients' bedrooms confirmed that patients have effective access to the nurse call system as required. It was noted that one patient's nurse call lead was just out of reach. This was discussed with the registered manager who addressed the matter immediately.

Appropriate internal signage throughout the home which promotes the comfort, safety and orientation of patients was viewed. It was noted there was no number on the door of a bedroom on the first floor. This was discussed with the registered manager who advised the room had been redecorated and she would ask the maintenance man to ensure the room number is replaced. The door strip on the floor in an identified toilet was observed to be loose and could be a potential trip hazard. This was discussed with the registered manager who advised the maintenance man had secured it before the end of the inspection.

Tiles in a toilet on the ground floor were noted to be loose and coming away from the wall at floor level. This was discussed with the registered manager as it is a requirement that the premises are well maintained in accordance with infection control best practice. An area for improvement under standards was identified.

An identified fire exit on the ground floor was observed to have a specialised wheelchair stored that would cause an obstruction should the home need to be evacuated safely in the event of an emergency. This was discussed with the registered manager who moved the wheelchair to a suitable location immediately. An area for improvement under regulation was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the cleanliness of the environment, the personalisation of the patients' bedrooms, patients' access to a nurse call system and appropriate signage displayed throughout the home.

Areas for improvement

Two areas for improvement were identified to ensure that fire exits are kept clear and are free from obstruction, and that tiles in an identified toilet on the premises are well maintained to an acceptable standard in accordance with infection control best practice.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3.2 Staffing and care delivery

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 25 February to 10 March 2019 evidenced that the planned staffing levels were adhered to. 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.

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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Croaghpatrick. We also sought the opinion of patients on staffing via questionnaires. One questionnaire was returned within the timescale specified and indicated they were very satisfied with staffing in the home. The following comment was included: "It is a good home and they care about you."

Four relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Nine questionnaires were returned. Four questionnaires did not indicate if the person completing it was a resident or patient's representative. All nine returned questionnaires indicated that they were very satisfied that staff had 'enough time to care' and that care delivered across the four domains was safe, effective, compassionate and well led.

Two questionnaires included the following comments:

"I am delighted with the care that my mother receives at Croaghpatrick. I can say nothing but good things about management, staff and care."

"My father is very well cared for by care and trained staff. All aspects of his wellbeing are attended to."

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.

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. The registered manager is identified as the safeguarding champion.

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

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

“Thank you for everything you did for... You really made a difficult time a lot more bearable.”
 “Thanks for the kindness shown to our dad in his final months. We cannot imagine a more caring and compassionate place for him to have been.”

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff provision, training, adult safeguarding and communication between residents, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Meal time experience

We observed the serving of the lunchtime meal in the ground floor dining room. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and a menu providing meal choices for the day was displayed on the wall. Patients able to communicate indicated that they enjoyed their meal. 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.

Two patients said,
 “The food’s always good here.”
 “The food’s well cooked and the meat’s tender. I can’t say a bad word about the food.”

After lunch patients attended a church service in the dining room. Discussion with patients and staff and review of the activity programme displayed in the reception area evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The patient activity leader and staff provided enthusiasm, encouragement and assistance to patients who attended the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Care records

Review of five patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

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 alarm mats.

We reviewed the management of falls, to meet each patient’s individual needs. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Neurological records evidenced that staff closely monitored patients when an actual or suspected head injury occurred and that appropriate action was taken.

Supplementary care charts such as food and fluid intake records and repositioning charts 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), the speech and language therapist (SALT) or the dietician.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of falls, risk assessments and supplementary care charts.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Management and Governance Arrangements

A review of records for March 2019 confirmed that a process was in place to monitor the registration status of registered nurses with the NMC. The registered manager advised the records were updated twice a month.

We reviewed accidents/incidents records from 25 January to 7 February 2019 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.

Discussion with the registered manager and review of records from 29 October 2018 to 27 February 2019 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.

Discussion with staff confirmed that there were good working relationships 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, management of incidents, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Anne Devoy, registered 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 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 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 DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.4 (c) Stated: First time To be completed: Immediate action required.	The registered person shall ensure that fire exits are kept clear and are free from obstruction. Ref: 6.3.1. Response by registered person detailing the actions taken: The wheelchair causing the obstruction was moved immediately and staff have been instructed to ensure all fire exits are kept free from obstruction. This is being monitored by the Nurse in Charge, Fire Wardens and Home Manager.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44.1 Stated: First time To be completed: Immediate action required.	The registered person shall ensure that floor tiles in an identified toilet on the premises, are well maintained to an acceptable standard in accordance with infection control best practice. Ref: 6.3.1. Response by registered person detailing the actions taken: The tiles in the identified toilet have been repaired and now maintained at an acceptable standard.

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



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