

# Unannounced Care Inspection Report

## 23 August 2016



## Croagh Patrick

**Type of Service: Nursing Home**

**Address: Miller Hill, 235 Millisle Road, Donaghadee, BT21 0HY**

**Tel No: 028 9188 8383**

**Inspector: Heather Sleator**

## 1.0 Summary

An unannounced inspection of Croagh Patrick took place on 23 August 2016 from 09.30 to 18.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

The home was found to be warm, generally well decorated, fresh smelling and clean throughout. The registered manager stated that upgrading of some areas of the home had recently been agreed with the regional manager. These areas included the nurses' station and surrounding area on the first floor and the purchase of new furnishings. One recommendation was made in relation to the environment.

### **Is care effective?**

There was evidence of positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

The home admits patients for rehabilitation and intermediate care. A recommendation has been made that systems are established to evidence consultation with the patient/representative regarding the planning of care.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The level of engagement in activities from both patients and staff was evidently having a positive impact on the patients' experience in the home. The comments received from patients and representatives were praiseworthy of staff however a small number of comments received do require to be considered and/or actioned by the registered manager.

There were no requirements or recommendations made.

### Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the registered manager and staff; and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

As discussed in the preceding sections it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively of the patient experience and involved and encouraged staff, relatives and visitors to participate in the daily life of the home. The registered manager was available to patients and their relatives and operated an 'open door' policy for contacting her. Representatives also commented on the high visibility of the registered manager.

There were no requirements or recommendations made.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 July 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Claire Royston	<b>Registered manager:</b> Wilhelmina Anne Devoy
<b>Person in charge of the home at the time of inspection:</b> Anne Devoy	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 67

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients, three staff, two registered nurses and two relatives.

Questionnaires for patients (8), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- four patient care records

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 20 July 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection

### 4.2 Review of requirements and recommendations from the last care inspection dated 24 March 2016

There were no requirements of recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

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. Review of the staffing rota from 15 to 28 August 2016, evidenced that the planned staffing levels were adhered to.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

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. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016 so far indicated that the registered manager was monitoring staff compliance with mandatory training requirements. For example, 98 percent compliance had already been achieved in infection prevention and control procedures and 95 percent regarding adult safeguarding procedures. The overall compliance level regarding staff training was 78 percent. The registered manager stated there had recently been additional modules added for staff to complete and that along with newly appointed staff, who were still in the 'induction phase' accounted for a lower overall compliance level in respect of training than the registered manager would like. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

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, generally well decorated, fresh smelling and clean throughout. The registered manager stated that upgrading of some areas of the home had recently been agreed with the regional manager. These areas included the nurses' station and surrounding area on the first floor and the purchase of new furnishings. We observed and considered that the purchase of new bed linens would also be of benefit. However, patients' bedrooms evidenced personalisation and were attractive and comfortable. The vanity units in bedrooms had been replaced with a lighter wood/material which enhanced the overall appearance of the bedrooms. A recommendation was made that an action plan regarding the upgrading of the identified areas of the home was to be submitted to RQIA. A telephone call was received on 24 August 2016 from the regional manager, Alana Irvine, confirming that an action plan, including timescales would be submitted regarding the identified areas of work.

Croagh Patrick is set in extensive, safe and attractive grounds which are easily and readily accessible for patients to use and enjoy. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

## Areas for improvement

An action plan, including timescales, regarding the upgrading of the identified areas of the home should be submitted to RQIA.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. The home was participating in an initiative with the dieticians in the South Eastern Health and Social Care Trust whereby a 'virtual ward round' was completed and patients weights were being monitored by the dieticians on a monthly basis.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. However, this process was not as clearly defined in respect of patients who were admitted to the home for a period of rehabilitation (intermediate care beds). The review of a patient's care record did not evidence consultation had taken place. This was discussed with the registered manager and a recommendation has been made. The regional manager, Alana Irvine, telephoned RQIA on 24 August 2016 and stated that the organisation, Four Seasons Health Care, were currently reviewing the care documentation to be completed and maintained for intermediate care patients. Currently the care documentation maintained is that of a permanent patient. The organisation recognises that this is substantial and the full range of documentation may not be required or applicable to intermediate care patients. Mrs Irvine stated RQIA would be kept informed of any change to the care planning process following the findings of the review group. There was evidence of regular communication with representatives within all care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the registered manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; catering staff and housekeeping, when required. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them. Staff also stated the registered manager was receptive and encouraged their ideas.

Staff stated they knew they worked together effectively as a team because they communicated effectively with one staff member commenting “this is a good home, we help each other and work well together”; and staff stated they could readily raise their concerns with senior staff. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home’s staff/ management. Patients and representatives were aware of who their named nurse, named worker as this information was displayed in the majority of patients’ bedrooms.

There was information available to staff, patients and representatives in relation to advocacy services, the home’s complaints procedure and the availability of the annual quality report and monthly quality monitoring reports displayed on the information board in the entrance lobby of the home.

Observation of the mid-day meal arrangements was reviewed. Dining tables were attractively set, a range of condiments were available and patients, including patients who required a therapeutic diet, were afforded a choice of meals at mealtimes. Meals were delivered on trays to patients who choose not come to the dining room, the meal was not always appropriately covered and this was discussed with the registered manager. Condiments and the patients preferred choice of fluid, for example, juice or milk were on the tray. A registered nurse was present in the dining room to assist and monitor patients’ nutritional intake.

**Areas for improvement**

A system should be established regarding intermediate care patients, to evidence that patients or their representatives have been consulted in respect of the planning of care.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.5 Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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

On this occasion the arrangements for the provision of activities was not assessed and will be reviewed at the next inspection. The personal activities leader (PAL) was on duty and there had been a ‘reminiscence’ group activity in the morning. A number of patients had attended and one patient stated they “enjoyed the company.” Staff were observed chatting to patients in the lounge and responding to the patients individually. It was evident from patients’ response to staff that they enjoyed the company of staff.

Certificates of the ‘ROCK’ awards (Recognition of Care and Kindness awards) which staff members had attained following nomination by relatives were displayed in the entrance lobby.



Also present was the organisations quality assurance (QoL) electronic monitor which visitors may access to comment on the quality of nursing and other services provided by the home

The cumulative responses from the quality of life auditing programme from January 2016 to August 2016 were made available by the registered manager. The responses from patients, visiting professionals, friends of the home and relatives are below.

Comment from relatives:

'The care and attention to my (relative) and us as a family has been second to none.'

'I can't speak highly enough of Croagh Patrick and all the staff.'

'This home is excellent, the team of staff are extremely caring to (relative) and us and the manager is excellent.'

Comments from a visiting professional:

'Nursing staff are very knowledgeable.'

'Very warm and welcoming atmosphere in the home.'

Comment from patients included:

'Very happy here, could not fault it.'

'More than friendly.'

'Happy here but would still like to be home.'

'Staff are lovely.'

'I am in the safest place.'

Consultation with patients individually, and with others in smaller groups, confirmed that living in Croagh Patrick was a positive experience.

Comments included:

'I like the manager, she's very good.'

'Very good staff.'

'I like it here, staff are good to me.'

One patient commented that they felt there wasn't enough staff and another patient commented that it can take a while for staff to answer the call bell. The registered manager was advised to consider these statements.

## **Questionnaires**

In addition 10 relative/representatives; eight patient and 10 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report, two patients, five staff members and four relatives returned their questionnaires within the specified timeframe.

Comments received from a relative included:

'The home could be a little bit fresher at times but I appreciate that it can't always be possible.'

'I know that diversional therapy is offered but feel perhaps that a more dynamic variety of activities could help to stimulate my (relative).'

'The manager is very approachable.'

Comments from staff included:

‘Sometimes staffing levels fluctuate and this can cause stress for staff but generally speaking it is adequate to meet the resident’s needs.’

‘Our manager is excellent and always goes the extra mile for both staff and residents.’

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home’s complaints record evidenced 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. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home’s complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately

Numerous ‘thank you’ cards were viewed from relatives and comments included:

‘Thank you for the loving care and attention you gave to our (relative).’

‘We don’t know where to begin to thank you for all your care to my (relative) over the last few weeks.’

‘Croagh Patrick is a very special place with staff who are more like family.’

‘I realise how lucky we were to have found Croagh Patrick – what a team....the best of the best.’

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in December 2015 confirmed that these were managed appropriately.

Discussion with the registered manager and staff, and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The organisations governance arrangements include a range of other audits to be completed as well as the audits listed above. For example, the registered manager completes, on a monthly basis, audits in relation to housekeeping, the use of bed rails, restrictive practice and a health and safety walk around audit. On a daily basis the registered manager completes a feedback survey with one patient and/or one relative and completes and records the findings of a daily walk around the home, refer to section 4.5 for an example of some electronic comments received). The information garnered is automatically forwarded to a team within the organisation who generate an action notice where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Discussion with the registered manager and review of records for May, June and July 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in the previous sections).

Also, as discussed in the preceding sections, it was evident that the registered manager maintained a highly visible profile in the home and had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to participate in the life of the home. The registered manager was available to patients and their, relatives and operated an 'open door' policy for contacting her and she provided staff with a positive role model for their practice and attitude.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should submit an action plan, which includes timescales for completion, of the proposals to upgrade/refurbish areas of the home.</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>An action plan for the upgrade/refurbishment areas of the home is attached</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that systems are established to evidence consultation with patients or representatives regarding the planning of care, (intermediate care patients).</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Staff encourage residents to take an active role in planning their care in order to reflect their personal choices.</p> <p>Supervision with nursing team is planned to increase awareness, this will be reviewed during the auditing process</p> <p>Progress is being made with regards to the new documentation for the intermediate care patients.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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