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Unannounced Care Inspection
of
Croaghpatrick

24 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 24 March 2016 from 09.30 to 13.50 hours.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern. A Quality Improvement Plan (QIP) is not included in this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

There were no requirements or recommendations as a result of the last care inspection on 29 June 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**0**

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Healthcare Dr Maureen Claire Royston	**Registered Manager:** Wilhelmina Anne Devoy
Person in Charge of the Home at the Time of Inspection: Wilhelmina Anne Devoy	**Date Manager Registered:** Prior to 1 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 67
Number of Patients Accommodated on Day of Inspection: 54	**Weekly Tariff at Time of Inspection:** £593 - £613

3. Inspection Focus

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

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with staff
- observation during a tour of the premises
- evaluation and feedback.

The inspector met with seven patients individually and with the majority of others in groups, three care staff, three ancillary staff and four patient's visitors/representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- information received by RQIA regarding the home since the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- three patient care records
- accident and incident records
- complaints records
- minutes of staff meetings
- duty rota for week commencing 21 March 2016
- monthly quality monitoring reports
- staff training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 29 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No Requirements or recommendations were made during this inspection.

5.3 Inspection findings

Is care safe? (Quality of Life)

A review of the duty rota, observation on the day of inspection and discussion with the registered manager, staff and patients, evidenced that sufficient numbers of staff were on duty to meet the needs of patients. A number of agency nursing staff were being employed to cover staff vacancies, particularly at night, and the manager and staff confirmed that these staff received an induction prior to commencing work. Discussion with the registered manager and a review of the duty rota evidenced that agency staff were “block booked” and were familiar with the home and its routines. In addition, “on call” arrangements were in place so staff could contact the registered manager out of hours. The registered manager confirmed that recruitment was ongoing to fill the current vacancies.

Staff spoken with, were able to demonstrate their knowledge of how to appropriately report any safeguarding concerns. Discussion with staff and a review of training records evidenced that the majority of staff had received training in safeguarding of vulnerable adults.

A review of the monthly quality monitoring reports evidenced that issues had been identified appropriately and that concerns raised in previous visits had been addressed. The report for March 2016 identified that some staff training was outstanding. This was confirmed on review of the training records. The manager explained that this was due to the number of new starts and that staff were in the process of undertaking their training via e-learning. This will continue to be monitored as part of ongoing inspection activity.

A review of accidents and incident records for February 2016 evidenced that these had been managed appropriately. Incidents and accidents were audited on a monthly basis and any patterns or trends identified.

The home was well presented to a good standard of hygiene throughout. An attractive Easter display had been set up in the reception area. Works had been undertaken to improve the bathroom facilities and the registered manager stated that more works were planned to the bathroom on the first floor.

Is Care Effective? (Quality of Management)

A review of three patient care records evidenced that risk assessments had been completed and regularly reviewed on a monthly basis, or as a patient’s condition changed. A corresponding care plan was found to be in place for each identified risk and the care plans were reviewed regularly. On review it was noted that one registered nurse was not expressing the patient problem / need in a person centred manner. This was discussed with the registered manager who agreed to address this in supervision.

There was evidence that referrals had been made to relevant professionals including the dietician, occupational therapist and GP. The home were also participating in a dietetics project with the local Trust in which a “virtual ward round” was carried out to assess patients’ dietary needs. Evidence of this was available in the patient records reviewed and the registered manager commented on the value of this project.

Relationships between patients and staff were found to be relaxed and friendly. Staff were observed to be responding to patients' needs promptly and in a caring manner. Staff spoken with confirmed that they worked well as a team and were confident in approaching the manager with any concerns and that these would be addressed. There was evidence of regular staff meetings and the minutes were retained for inspection.

Is Care Compassionate? (Quality of Care)

Patients spoken with were generally happy with the care provided in the home. They commented positively on the staff, the grounds and the activities provided. Patients indicated that they could raise a concern with any of the staff if they were unsatisfied. One patient reported that they may have to wait at busy times for their call bell to be answered but another patient commented that staff always responded very promptly.

One family spoken with had reported concerns to the registered manager regarding the behaviour of an agency staff member on night duty. The registered manager had responded to the complaint and arranged a meeting between the patient, their care manager and family. The incident had been responded to appropriately and the staff member was reported to the agency who have notified RQIA and will be carrying out an investigation. These actions were confirmed in an email to RQIA by the registered manager on 4 April 2016 as agreed.

Care was observed to be delivered in a timely and dignified manner. Staff were noted to be offering patients alternative meal choices and pain relief medication. One staff nurse was observed to be conducting a "round" of the patients once they had completed the medications. Activities were also being facilitated in the dining room. It was noted that there were several compliments received by relatives and an agency staff member who had worked in the home. They commended staff for their care, attention and motivation. Relatives had also nominated staff for the Four Seasons' "ROCK" awards.

Another relative spoken with was generally satisfied with the care provided but did have questions about how the GP would be contacted in the event of their relative taking ill. This concern was passed on to the registered manager and addressed on the day of inspection.

A review of the complaints record for February 2016 evidenced that these were appropriately recorded, investigated and responded to. The outcome of complaints were also recorded and indicated that these had been resolved.

Areas for Improvement

The inspection resulted in no requirements or recommendations being made.

Number of Requirements:	**0**	**Number of Recommendations**:	**0**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Anne Devoy	**Date Completed**	29/04/16
Registered Person	Dr Claire Royston	**Date Approved**	29.04.16
RQIA Inspector Assessing Response	Heather Sleator	**Date Approved**	09.05.16

Please provide any additional comments or observations you may wish to make below:

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