

Unannounced Care Inspection Report 26 February 2021 & 15 March 2021



Croaghpatrick

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 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 and date registered: Laura Ferguson – acting manager – no application required.
Person in charge at the time of inspection: 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: 37

4.0 Inspection summary

An unannounced care inspection took place on 26 February 2021 from 10.00 to 17.30. A remote finance inspection was undertaken on 15 March 2021 from 11.00 to 12.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

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

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- patients' records
- governance and management
- management of patients' finances

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 Jennifer Bell, deputy manager, as part of the inspection process and with Laura Ferguson, manager, post inspection. The timescales for completion commence from the date of inspection.

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
- 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 individually, small groups of patients in the lounges and nine staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Tell Us' 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 rotas from 15 February 2021 to 28 February 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- two patients' nutritional intake charts
- two patients' daily care charts
- three patients' weight records

- two patients' pressure relieving mattress setting checks
- three patients' care records
- RQIA registration certificate
- a sample of two patients' property records.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

One area for improvement identified at the last finance inspection undertaken on 11 November 2020 was reviewed as part of this care inspection. This area for improvement has been met.

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.26 Stated: First time To be completed by: 31 December 2020	The registered person shall ensure that the records of patients' property are up to date. The personal property should be reconciled to the records held in the home at least quarterly. The records of the reconciliations should be signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: A review of two patients' property records evidenced that since the last finance inspection on 11 November 2020 the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015). This area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The deputy manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

An inspection of the home's environment was undertaken which included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling 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 was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

An armchair in the reception area of the home was observed to be in disrepair as it had a large tear on the right arm and could not be effectively cleaned, in order to adhere to infection prevention and control (IPC). This was discussed with the deputy manager who removed the chair immediately and advised it would be disposed of.

Observation of equipment and review of cleaning records from 1 February 2021 to 25 February 2021 evidenced that equipment such as patients' walking aids, hoists and shower chairs were noted to be clean.

Pull cords in bathrooms throughout the home were observed to be covered by a sleeve and could be easily cleaned in order to adhere to (IPC) best practice.

The doors to treatment rooms, nurses' stations, the electric store, sluice rooms and the cleaner's cupboard were observed to have key pad locks in place and were locked appropriately. However, an identified store room was observed to be unlocked. A large number of cleaning products were easily accessible and not stored securely that could cause potential risk to the health and welfare of patients. This was discussed with the deputy manager and an area for improvement under regulation was identified.

Information displayed on notice boards in the home was observed to be laminated and could be wiped clean in order to adhere to (IPC).

Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.2 Staffing and care delivery

The deputy manager advised that the months of December 2020 and January 2021 had been a challenging time for staff while they worked through a Covid-19 outbreak in the home, and that staff illness, sometimes at short notice, had impacted on planned staffing levels. The deputy manager advised that every effort had been made to cover shifts and that patients' needs were continually met by staff. The Public Health Agency (PHA) and RQIA were appropriately notified of the outbreak which is now over.

Three staff members commented:

“Our great staff team all pulled together when it hit.”

“I love working here. The manager and staff support each other. It was a difficult time but we got through it.”

“Staff worked well as a team during and after the outbreak. I couldn’t praise them enough.”

A review of the staff duty rota from 15 February 2021 to 28 February 2021 evidenced that the planned staffing levels were adhered to. The manager’s hours, and the capacity in which these were worked, were clearly recorded. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

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. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

We observed the serving of the lunchtime meal. Staff advised that due to social distancing guidelines, patients were having their meals delivered on trays to their rooms and that those who wished to have their meal in the dining room would also be accommodated. The food appeared nutritious and appetising and was covered on transfer whilst being taken to patients’ rooms. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The activity planner was displayed in the reception area of the home advising patients of planned activities.

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 and their representatives on staffing via questionnaires. Six questionnaires were returned within the timescale specified. Four questionnaires did not indicate if they were completed by a patient or their representative. One returned questionnaire indicated it was completed by a patient and the remaining questionnaire by a relative. Five returned questionnaires indicated that they were very satisfied with all aspects of care however one questionnaire received indicated that they were very unsatisfied regarding safe, effective and well managed care. This information and comments made on returned questionnaires was shared with the manager post inspection.

Three returned questionnaires included the following comments:

“Would like more activities.”

“Happy enough.”

“Food could be better – not enough variety.”

Five patients spoken with commented:

“All’s ok. I’m being well looked after.”

“The staff are good and the food’s nice. I have no concerns.”

“The staff are nice. The food’s good. There’s too much of it at times. My room’s clean. They clean all the time. I’ve no concerns.”

“Most of the staff are one hundred percent. If I’ve any concern I let them know.”

“The staff are so very good and kind and the food’s good.”

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the deputy manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

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 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 had been received by the home. Some of the comments recorded included:

“Thank you for all the care you gave to our mother. We knew she was well looked after.”

6.2.3 Patient records

Review of three patient’s care records evidenced that care plans regarding nutrition, choking risk and weight were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Two patients’ supplementary charts in relation to daily care from 22 February 2021 to 26 February 2021 and two patients’ nutritional intake charts from 13 February 2021 to 26 February 2021 were reviewed and were observed to be well maintained.

Pressure relieving mattress setting checks from 3 February 2021 to 26 February 2021 for two patients were checked. Both were set in accordance with the patients’ weight and signed by the staff member completing the check.

Three patients’ weight charts were checked from 20 December 2020 to 13 February 2021 and a system was observed to be in place to monitor weight loss and weight gain.

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.

6.2.4 Governance and management

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. The manager was on leave on the day of the inspection but visited the home briefly to be introduced to the inspector. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

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. Review of staff training records for 2020 evidenced that staff had attended training regarding adult safeguarding, moving and handling, infection prevention and control (IPC) and fire safety. We discussed staff training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). The deputy manager advised that she had not completed training regarding DoLS and that not all employed staff in the home had completed DoLS level two training. Correspondence received from the manager on 9 March 2021 advised that staff have not completed level two Deprivation of Liberty Safeguards (DoLS) training. The manager advised that she would arrange for staff to complete DoLS training. An area for improvement was identified.

Discussion with the deputy manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans and infection prevention and control (IPC) practices, including hand hygiene.

We reviewed accidents/incidents records from 4 October 2020 to 15 February 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Central Nervous System (CNS) observations had been conducted and monitored for twenty-four hours following a head injury or an unwitnessed fall. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the deputy manager and review of records from 31 December 2020 to 3 February 2021 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. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding adult safeguarding, risk management, care records, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

Two areas requiring improvement were identified. These related to the safe storage of cleaning products and the provision of Deprivation of Liberty Safeguards (DoLS) training for all staff.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep patients, staff and visitors safe in line with the Department of health and the Public Health Agency guidelines.

Good practice was observed during the inspection in relation to maintaining good working relationships.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Bell, deputy manager, as part of the inspection process and with Laura Ferguson, manager, post inspection. 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 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.

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 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 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	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. Ref: 6.2.1 Response by registered person detailing the actions taken: Store identified at time of Inspection as unlocked had a broken lock which was fixed immediately by the Home's Maintenance Man. Store remains locked and Registered Person monitors to ensure compliance
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 39 Stated: First time To be completed by: 30 June 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: 6.2.4 Response by registered person detailing the actions taken: Training in relation to the Mental Health Capacity Act - Deprivation of Liberty Safeguards (DoLS) has been commenced, staff have been provided with links to the training and the Registered Person is monitoring progress with aim of completion for 30 June 2021

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



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