

# Unannounced Care Inspection Report

## 30 August 2016



## Lough Neagh

**Type of Service: Nursing Home**  
**Address: 23 Maghery Road, Portadown, BT62 1SZ**  
**Tel No: 028 3558 2600**  
**Inspector: Dermot Walsh**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Lough Neagh Nursing Home took place on 30 August 2016 from 09.20 to 19.00 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?**

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Areas for improvement were identified around compliance with best practice in infection prevention and control and uncovered radiators in use in the home.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One recommendation has been made to ensure that staff meetings are conducted on a regular basis and at a minimum quarterly. A second recommendation was made to ensure core care plans are amended appropriately to reflect the specific, individual needs of the patient.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report.

### **Is the service well led?**

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display.

The term 'patients' is used to describe those living in Lough Neagh Nursing Home which provides both nursing and residential care.

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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Eileen Quinn, Registered Manager, and Marie and Cathal Quinn, Registered Persons, 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 14 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.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Lough Neagh Nursing Home: Mrs. Marie Quinn Mr Cathal Quinn	<b>Registered manager:</b> Ms. Eileen Quinn
<b>Person in charge of the home at the time of inspection:</b> Eileen Quinn	<b>Date manager registered:</b> 21 April 2015
<b>Categories of care:</b> NH-DE, NH-I, RC-PH, NH-PH, RC-I, NH-LD  24 Nursing: 2 Residential. A maximum of 14 persons in categories NH-I and NH-PH, A maximum of 10 persons in category NH-DE, No more than 1 person in category NH-LD, No more than 2 persons in categories RC-I and RC-PH.	<b>Number of registered places:</b> 26

### 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 previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with eight patients individually and others in small groups, one patient representative, three care staff, one registered nurse and one ancillary staff member.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 22 August 2016 to 4 September 2016

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent medicines management inspection dated 14 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 and will be verified at the next medicines management inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 25 January 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36  <b>Stated:</b> First time	The policies on the management of continence should be combined into one policy to reflect current best practice guidance and the home's established procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of continence policies had been combined into one policy which was reviewed on inspection and reflective of current best practice.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 4 Criteria (9)  <b>Stated:</b> First time	The recording of patient repositioning should include the position the patient has been repositioned too and the condition of the patients' skin on each repositioning.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repositioning records reviewed included the position the patient had been repositioned too.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 47 Criteria (3)  <b>Stated:</b> First time	The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Manual handling practices observed on inspection confirmed that training had been embedded into practice.	

## 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. A review of the staffing rota for the period 22 August 2016 to 4 September 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives 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.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Information sent to RQIA following the inspection confirmed 100 percent compliance in training on moving and handling, fire, adult safeguarding and infection prevention and control. Observation of the delivery of care evidenced that training had been embedded into practice.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Information sent to RQIA following the inspection confirmed that all staff had received a recorded clinical supervision and all but three staff have completed their annual appraisal. Dates had been identified for the remaining three staff to complete the appraisal.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

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

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 25 January 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly and signed by the registered manager.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms
- un-laminated signage
- sellotape used to attach notice to hand towel dispenser
- pull cords in use without appropriate covering
- patients' chairs in need of repair/replacement
- shower chairs not effectively cleaned after use
- rusted commode chair in use.

The above issues were discussed with the registered manager and an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A recommendation was made to ensure that management systems are put in place to ensure compliance with best practice in infection prevention and control.

During a review of the environment uncovered radiators were observed throughout the home, in patients' bedrooms and communal areas. This was discussed with the registered persons who assured RQIA that no patients had sustained an injury due to the radiators. A recommendation was made that all radiators within the home are risk assessed and any radiator in the home that was not thermostatically controlled should have an appropriate cover provided to prevent a potential burn risk to patients. The aligned estates inspector for the home was informed for action as required.

### Areas for improvement

It is recommended that management systems should be put in place to ensure compliance with best practice in infection prevention and control.

It is recommended that radiators within the home are risk assessed to ensure any potential burn risks to patients are minimised.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care effective?

Review of three 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. Care plans had largely been personalised to meet the individual needs of the patients and had been reviewed monthly. However, one core care plan reviewed had not been individualised. A recommendation was made to ensure that when core care plans are used, these should be appropriately amended to reflect the individual's specific needs.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager and a review of records confirmed that the last staff meetings were conducted on 26 January 2016 and 14 July 2016. A recommendation was made to ensure staff meetings were conducted at minimum quarterly and minutes of these meetings were available for review and include dates, attendees, topics discussed and decisions made.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. Minutes of monthly patients' meetings were available for review. A notice was on display with information on an open forum for relatives. Confirmation was also provided that a survey inviting feedback from patients/relatives regarding the services the home provided was conducted annually.



Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

### Areas for improvement

It is recommended that when core care plans are used, these should be appropriately amended to reflect the individuals' specific needs.

It is recommended that staff meetings were conducted at minimum quarterly and minutes of these meetings were available for review and include dates, attendees, topics discussed and decisions made.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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.

On inspection one registered nurse, three carers and one ancillary staff member were consulted to ascertain their views of life in Lough Neagh Nursing Home. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I love my job."

"It's good here. I love it."

"It's good."

"I love it here."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with eight patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

"It's alright here."

"The staff are very pleasant."

"It's very good here."

"It's not too bad."

"It's pleasant enough here."



Nine patient questionnaires were left in the home for completion. None of the patient questionnaires were returned within the timeframe for inclusion in the report.

One patient representative was consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. The representative was very positive regarding the care provided in the home. None of the relative questionnaires were returned within the timeframe for inclusion within the report.

Results from surveys conducted were displayed on noticeboards within the home. The registered manager confirmed that any areas of concern identified within the surveys were dealt with immediately and areas for improvement were collated and displayed at the nurses' station for staff to read and sign when read. The registered manager also confirmed that results of the surveys would be discussed through general day to day conversation with staff, patients and/or relatives.

The serving of lunch was observed in the dining room on the dementia unit. The mealtime was well supervised. Food was served in an organised manner; when patients were ready to eat or to be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. A menu was on display on a noticeboard in the dining room with the day's meal selection. Staff advised that patients who were not satisfied with the meal selection were offered alternatives such as soup, eggs or salads. The mealtime experience was observed to be well organised and pleasurable for patients.

Discussion with staff confirmed that the religious needs of patients were met through a church service conducted in the home on a monthly basis. Staff also confirmed that members of the clergy come to the home to visit patients. Communion was administered every Sunday to those patients who wished to receive it. All patients in the home had a spiritual care plan completed in their patient care records.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager 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. The complaints procedure was appropriately displayed in several locations in the home and was included within the 'patients' guide'.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

“Thank you for looking after ... so well. We will always be so grateful for your care.”

“Thank you for all you did for me during my stay. It was a privilege to have stayed at Lough Neagh.”

“Thank you all so much for what you have done for .... We could not have got through this past year without all your help.”

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager 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, monthly audits were completed in accordance with best practice guidance in relation to accidents, care records, complaints, wounds, skincare, fire, housekeeping and infection prevention and control. A care plan audit was reviewed on inspection. An action plan had been created within the audit and actions taken by the registered nurse as a result of the action plan was also evident. There was also evidence of a follow up review of the actions taken from the registered manager by way of a signature.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Eileen Quinn, Registered Manager, and Marie and Cathal Quinn, Registered Persons, 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 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	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 46 Criteria (1) (2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2016	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Compliance monitoring audit completed</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 47 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	<p>The registered person should ensure that radiators within the home are reviewed to ensure any potential burn risks to patients are minimised.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Radiators within the home have been reviewed and action plan in place regarding same.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 14 September 2016	<p>The registered person should ensure that when core care plans are used, these should be appropriately amended to reflect the individuals' specific needs.</p> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Core care plans contain space to allow individualised directions to be inputted. Staff attention brought to same.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 41 Criteria (8)  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 October 2016	<p>The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records maintained should include:</p> <ul style="list-style-type: none"> <li>• the date of all meetings</li> <li>• the names of those attending</li> <li>• minutes of discussions</li> <li>• any actions agreed</li> </ul> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> All staff meetings will be recorded and scheduled at regular intervals and record details of date, names attending, minutes discussed and actions agreed.</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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