

# Unannounced Care Inspection Report 02 August 2016



## Maplecourt - Drumclay

**Type of Service: Nursing Home**  
**Address: 15 Drumclay Road, Enniskillen, BT74 6HG**  
**Tel No: 028 6632 7255**  
**Inspector: Bridget Dougan**

## 1.0 Summary

An unannounced inspection of Maplecourt - Drumclay took place on 02 August 2016 from 12.00 to 16.00 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 skill gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home including staff meetings and staff were required to attend a 'handover meeting' when commencing duty. One recommendation has been made regarding staff induction records.

The environment of the home was clean, fresh and well decorated.

### **Is care effective?**

There was evidence of positive outcomes for patients, who were being assisted and responded to in a timely and dignified manner.

Each staff member understood their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

There were no requirements or recommendations made.

### **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.

There were no requirements or recommendations made.

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

There was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. The acting manager, who was in post since April 2016, was available to patients and their relatives and operated an 'open door' policy for contacting her and for discussion.

Systems were in place to monitor and report on the quality of nursing and other services provided.

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 Department of Health, Social Services and Public Safety (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	1

Details of the QIP within this report were discussed with Mrs Tracey Palmer, acting 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 care inspection undertaken on 21 January 2016. There were no further actions required to be taken following the last inspection. 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 provider:</b> Four Seasons Healthcare/Dr Maureen Claire Royston	<b>Registered manager:</b> Mrs Tracey Palmer (Acting)
<b>Person in charge of the home at the time of inspection:</b> Mrs Tracey Palmer	<b>Date manager registered:</b> N/A
<b>Categories of care:</b> NH-LD, NH-LD (E)	<b>Number of registered places:</b> 22

### 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 we met with 10 patients, one registered nurse, two care staff, one personal activities leader, one catering assistant and one domestic staff.

Questionnaires for patients (four), relatives (six) and staff (six) to complete and return were left for the home manager to distribute. Four patients and four staff completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training planner for 2016/17
- two staff personnel records
- three staff induction records
- accident and incident records
- notifiable events records
- sample of audits
- complaints and compliments records
- NMC and NISCC registration records
- nurse competency and capability assessments
- minutes of staff meetings
- minutes of patient/relatives meetings.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 21 January 2016

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made.

## 4.2 Review of requirements and recommendations from the last care inspection dated 21 January 2016

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

## 4.3 Is care safe?

The 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 rotas for weeks commencing 18 and 25 July and 01 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 numbers and skill mix of staff on duty.

Discussion with the manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Two personnel files were viewed and we were able to evidence that all the relevant checks had been completed.

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 by the staff members and their mentors. It is recommended that the manager counter-signs all completed induction records to ensure they have been completed to a satisfactory standard.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Review of training records evidenced that mandatory training had been completed to date. Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. 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.

There was evidence of competency and capability assessments completed for all registered nurses and care assistants.

Discussion with the 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).

The 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 concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

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.

Discussion with the manager confirmed that, while a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Trust representatives, patients' representatives and RQIA were notified appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

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

A recommendation has been made with regard to the management of induction records.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
-------------------------------	----------	-----------------------------------	----------

#### 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 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 that the assessed needs of patients.

There was evidence that care records 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.

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, as appropriate. There was evidence also of regular communication with patients' representatives regarding the patients' ongoing condition.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. The manager and staff also confirmed that regular staff meetings were held (at least quarterly) and records were maintained.

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 their line manager and /or the home manager.

Patients spoken with expressed their confidence in raising concerns with the home's staff/ management. Some comments received as follows:

"I'm happy here"

"I can't think of anything that needs improved"

### 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>
-------------------------------	----------	-----------------------------------	----------

### 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.

Observation of the afternoon tea confirmed that patients were given a choice regarding food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A selection of cakes, smoothies and hot and cold drinks were served in the afternoon. A choice was also available for those on modified diets. Patients all appeared to enjoy their afternoon tea.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. A small group of patients were observed in the lounge and were engaged in individual activity.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who were unable to verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Some comments received from patients:

- "the food and everything is good"
- "I enjoy the arts and crafts"

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. For example, there were regular patient/relatives and staff meetings. Quality of life surveys were completed on a regular basis (see section 4.6 for further details). The manager was available to staff, patients and their relatives and operated an 'open door' policy for contacting her. Patients/relatives meetings were held every two months. The most recent meeting was 28 July 2016 and records had been maintained.

### 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>
-------------------------------	----------	-----------------------------------	----------

#### 4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the manager was responsive to any concerns raised. The manager had been in post in an acting capacity since April 2016.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the manager 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the 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 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 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. The information garnered is automatically forwarded to a team in 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 manager and review of records for May and June 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.

### 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>
-------------------------------	----------	-----------------------------------	----------

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Tracey Palmer, acting 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 may enhance service, quality and delivery.

### 5.3 Actions 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 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements – None</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 39.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2016	The registered provider must ensure that the manager counter-signs all completed induction records to ensure inductions have been completed to a satisfactory standard.  <b>Ref section 4.3</b>  <b>Response by registered provider detailing the actions taken:</b> Registered manager has reviewed completed induction forms and has countersigned for staff who have commenced within her tenure of management.

*\*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\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
📍 @RQIANews