

Unannounced Care Inspection Report 29 December 2016



Larne Care Centre

Type of Service: Nursing Home

Address: 46 – 48 Coastguard Road, Larne, BT40 1AU

Tel no: 028 2827 7979

Inspectors: Bridget Dougan and Sharon McKnight

1.0 Summary

An unannounced inspection of Larne Care Centre took place on 29 December 2016 from 07:20 hours to 10:25 hours.

On 16 December 2016 an anonymous complaint was received by RQIA via the duty inspector system. The complainant raised concerns that staff were being asked to wash and dress patients in both the dementia and general nursing units from 06.00 hours each day; patients were washed, dressed and put back to bed by night staff; they stated that there were no registered nurses rostered to work in the dementia or general units on 25 and 26 December 2016 and that the registered nurses have not received first aid training.

The purpose of this inspection was to seek assurances that the care and welfare of patients was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.

The inspection was unable to substantiate that staff were routinely getting patients up between 06.00 and 07.00 each day unless it was patients' choice or to meet their specific care needs and this was reflected in their care records. The concerns raised in respect of registered nurse training in first aid were not substantiated.

Concerns were identified with the provision of registered nurses and staffing in the dementia unit on 24 and 25 December 2016. A recommendation was made.

The term 'patient' is used to describe those living in Larne Care Centre 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
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Leslie Stephens, 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 05 October 2016. There were no further actions required to be taken following the most recent 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. As stated in section 1.0 the focus of this inspection was with regard to concerns brought to the attention of RQIA by a whistle blower.

2.0 Service details

Registered organisation/registered person: Colin Nimmon	Registered manager: Leslie Stephens
Person in charge of the home at the time of inspection: Registered nurse Robert Zavlofchi (nurse in charge on night duty) Leslie Stephens (from 08:00 hours)	Date manager registered: 3 October 2014
Categories of care: RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E), NH-TI, NH-LD(E), NH-DE, NH-LD	Number of registered places: 85

3.0 Methods/processes

Information was received by RQIA on 16 December 2016 which raised concerns that staff were being asked to wash and dress patients in both the dementia and general nursing units from 06.00 hours each day; patients were washed, dressed and put back to bed by night staff; that there were no registered nurses rostered to work in the dementia or general units on 25 and 26 December 2016 and that the registered nurses have not received first aid training.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate actions are required; this may include an inspection of the home.

Following discussion with senior management at RQIA, it was agreed that an inspection would be undertaken to review the following areas:

- early morning routine
- staffing
- first aid training for staff

Larne Care Centre has three individual units. The caller stated the concerns were related to the general nursing and dementia nursing units. The inspection focused on these two units. On this occasion we did not inspect the third unit.

Prior to the inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

The methods and processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff
- observation care delivery within the general nursing and dementia care units
- a review of staff duty rotas for weeks commencing 19 and 26 December 2016
- a review of training records for first aid
- a review of care records
- an inspection of the premises

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist 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 15 July 2016

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

4.3 Inspection findings

4.3.1 Early morning routine

On the commencement of the inspection we initially observed the number of patients who were up and dressed and those who had been washed, dressed and assisted back to bed. There were four patients in the lounges and dining areas of the general nursing unit and nine in the dementia nursing unit. Staff stated that these patients liked to rise between 06.00 and 07.00 hours each day and they would request assistance of staff to get up at this time. Two patients confirmed their preferred choice of rising early each morning.

We observed two patients in the general nursing unit who had been washed, dressed in their day clothes and put back to bed. Staff stated that two of these patients had requested assistance to rise and staff had been in the process of getting them up; due to the care needs of these patients, they had been assisted with their personal care and dressed in their day clothes in preparation for their breakfast. There were three patients in the dementia unit who were in bed and partially dressed in their day clothes. Staff spoken with confirmed that these patients could be resistive to personal care and, therefore, whilst attending to their continence needs staff had partially dressed the patients in their day clothes rather than replacing their night attire.

Staff confirmed that they would not routinely get patients washed and dressed unless patients requested or if their specific care needs required the assistance of night staff and this was reflected in their care records. Staff recognised that waking patients to wash and dress them to assist the routine of the home was poor practice and confirmed that they had not received any direction to undertake such practice.

The care records of these four patients were reviewed. The records were person centred and reflected the patients' preferred times of rising and retiring and behavioural issues with personal care as described by staff.

We observed the serving of breakfast. Due to the number of patients who wakened early, one member of staff commenced duty at 07:00 hours in each unit. The staff explained that their focus was to provide supervision in the lounge/dining area and to ensure those patients who were up, washed and dressed were assisted to have breakfast in a timely manner. Breakfast was 'staggered' and was served as and when each patient came to the dining room. Patients had a wide choice of breakfast foods including cereals, porridge, toast, eggs, sausage or a 'fry'. The meal was not rushed in any manner and a staff member was in the dining room at all times to assist patients. The remainder of care staff commenced day duty at 08:00 hours.

The atmosphere within the home was calm and staff did not appear to be rushed. Staff spoke compassionately in respect of the patients and had a good knowledge of their individual circumstances.

Patients expressed their satisfaction with the care afforded by staff, comments included:

"Staff are all very good, they couldn't do enough for you."

"I'm very well looked after."

"I do like to get up early. I have been used to it all my life."

4.3.2 Staffing Arrangements

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. Prior to the inspection concerns were raised with RQIA that there were no registered nurses rostered to work night duty on 25 and 26 December 2016.

Review of the staffing rota for weeks commencing 19 and 26 December 2016 evidenced that the planned staffing levels were adhered to in the general nursing unit. However in the dementia unit on the night of 24 December 2016 there was no registered nurse rostered to work; the registered manager explained that there were two registered nurses in the home and they provided nursing cover for the dementia unit. On the night of 25 December 2016 there was a registered nurse rostered from 20:00 hours to 22:30 hours. We discussed these deficits with the registered manager who explained that they had been unable to cover these shifts due to the holiday period. No requests had been made to employment agencies to supply a registered nurse and no additional care staff had been rostered to mitigate for the absence of a registered nurse; as a result the home operated below the planned staffing levels. The registered manager should ensure that at all times there are staff working in the nursing home in such numbers as are appropriate for the health and welfare of patients. A recommendation was made.

We discussed the provision of registered nurses with the registered manager who explained that during November and December 2016 a number of registered nurses had resigned. He confirmed that a successful recruitment campaign had been undertaken. Two staff have commenced employment as pre-registration nurses while they await their registration with the Nursing and Midwifery council (NMC), two registered nurses were due to commence employment on the week of the inspection and another nurse was awaiting the outcome of their Access NI check prior to commencing employment. The registered manager explained that when these registered nurses are in post the home will have sufficient staff to ensure the planned staff levels for registered nurses are adhered to.

No concerns regarding staffing levels were raised during discussions with staff and patients.

Staff comments included:

“This is a good home, I have no concerns.”

“We have never been asked to get a certain number of patients up, washed and put back to bed in their day clothes.”

“It is the patients choice and we respect that.”

“There is plenty of training for staff.”

“I feel there is enough staff on duty at night.”

4.3.3 First aid training

Staff training records were reviewed and evidenced that the majority of registered nurses had received first aid training in 2016. The registered manager confirmed that further training dates were identified for January 2017. Staff spoken with confirmed that a variety of training was provided and that the training was relevant to the role they undertook.

Areas for improvement

The registered manager should ensure that at all times there are staff working in the nursing home in such numbers as are appropriate for the health and welfare of patients.

Number of requirements	0	Number of recommendations	1
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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 Leslie Stephens, 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 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>Recommendation 1</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: 26 January 2017</p>	<p>It is recommended that the registered manager ensures that at all times there are staff working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref section 4.3.2</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The staffing levels in the Home are reviewed regularly and any deficits are highlighted and action is taken to cover any vacant shifts. Bank staff are contacted and request are made of our own staff to work extra. In the event that our own staff cannot cover, Agency staff is requested. In the event that a staff nurse shift cannot be filled, we would request the agreement of nursing staff to work beyond their shift to cover medicine rounds and would source extra care staff to ensure that staffing levels are correct.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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