



The Regulation and
Quality Improvement
Authority

Cregagh Nursing Home
RQIA ID: 1875
2a Graham Gardens
Belfast
BT6 9FB

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**Unannounced Care Inspection
of
Cregagh Nursing Home**

18 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 18 January 2016 from 10.30 to 16.30 hours.

The inspection sought to assess progress with the issues raised during and since the previous inspection.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. A review of the Quality Improvement Plan (QIP) from the previous inspection evidenced that one out of seven requirements were met. One requirement is stated for a second time. The seven recommendations were all met.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 5 November 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	4*	1

* One requirement was made at the previous inspection on 5 November 2015. It was assessed as not being met and has been stated for a second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager, Donna Mawhinney, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Christopher Philip Arnold	Registered Manager: Donna Mawhinney
Person in Charge of the Home at the Time of Inspection: Donna Mawhinney	Date Manager Registered: Registration pending
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 39	Weekly Tariff at Time of Inspection: £649

3. Inspection Focus

The inspection sought 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 manager
- discussion with staff
- discussion with patients
- discussion with relatives
- a review of records
- a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- 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

During the inspection, we met with fifteen patients individually and the majority of patients in small groups, two registered nurses, three care staff, the house keeper and three patients' relatives.

The following records were examined during the inspection:

- policies and procedures
- record of meals
- staff meetings
- training records
- redecoration programme
- bedrail checks
- complaints record
- care 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 dated 5 November 2015. The completed QIP was returned by the registered person and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (4) (b)</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that meals are served at the appropriate temperatures and meets the nutritional needs of patients.</p> <p>Action taken as confirmed during the inspection: A review of the lunch time meal evidenced that meals were served at the appropriate temperatures and the meal served met the nutritional needs of patients. Since the previous inspection two additional hot cupboards have been purchased and are currently being used.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 12 (4) (c)</p> <p>Stated: First time</p>	<p>The registered persons shall review the serving of meals, particularly on the ground floor to ensure they are served appropriately and in a timely way.</p> <p>Action taken as confirmed during the inspection: The serving of meals has been totally reviewed in the home. The manager assesses the meal times to ensure they are appropriately served in a timely way by conducting a quality dining audit. Records of the audits and any necessary actions are recorded.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 12 (2) (a)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure at all times the nurse call system is in working order and is answered in a timely way.</p> <p>Action taken as confirmed during the inspection: One issue was raised during the inspection where the nurse call system was disconnected from the call point and was not within easy reach of a patient. The inspector sounded the call system and it was answered in a timely way. This issue was discussed at length with the manager and was raised by the inspector as a potential safeguarding issue. Details can be viewed in the additional areas examined part of the report under care practices in section 5.3. A requirement was made for the second time that the nurse call system should be in working order at all times.</p>	Partially Met

<p>Requirement 4</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that all the issues listed in section 5.5.2 (previous inspection report) are addressed as a matter of urgency.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the lunch time meal evidenced that all the issues raised in section 5.5.2 of the inspection dated 11 May 2015 had been addressed.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 24</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that the complaint raised by one patient during the inspection is reviewed to ensure the DHSSPS guidance is adhered to.</p> <p>The registered persons shall ensure that advice is provided to patients on how to make a complaint and who to contact outside the home is they remain dissatisfied or require support services.</p> <p>The registered manager must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system. The registered manager shall facilitate arrangements for residents to speak to their advocates in private.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the complaints record evidenced that complaints were managed in accordance with DHSSPS guidance. The complaints policy and procedure is prominently displayed in the front foyer. The use of an independent advocate service is currently being sourced from Bryson House. The activity therapist has been appointed to hold residents meetings more regularly and will ensure patients are listened to and where appropriate ensure that any issues raised are addressed in the appropriate manner.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the staffing levels are reviewed in line with the dependency of patients in the home and that staff are appropriately deployed to ensure the needs of patients are met in a timely way.</p> <p>The registered persons shall ensure that robust procedures are put in place to ensure the staffing levels are met even when a member of staff telephones in for leave at short notice.</p> <p>Action taken as confirmed during the inspection: A review of staffing levels evidenced that they were reviewed in line with the dependency needs of the patients. The routine of the home has been reviewed and staff are redeployed in keeping with the needs of patients.</p> <p>Robust procedures are now in place of who to contact should a member of staff telephone in for leave at short notice. Staff spoken with were aware of the arrangements.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are not nursed in bed unless there is a reason. The reason and the intended delivery of care should be recorded in the care record.</p> <p>Action taken as confirmed during the inspection: Since the previous inspection a review has been undertaken by the manager of all patients being nursed in bed. Where appropriate referrals have been made to other professionals such as the relevant occupational therapy departments. Where patients are nursed in bed the care record indicated the required care delivery.</p>	<p>Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 44 (10)</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that a record of the actual checks made in relation to the bedrails and the outcome of the bed rail checks should be recorded.</p> <p>Action taken as confirmed during the inspection: Records are now maintained of checks carried out on bed rails. The checks include the outcome of the checks completed.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 44 (1)</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that there is a planned programme put in place for repainting bedrooms rather than a retrospective record of painting conducted. This will ensure that all bedrooms are redecorated in a timely way.</p> <p>Action taken as confirmed during the inspection: There is a refurbishment plan in place and the manager ensures that it is implemented within the set timescales.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 39 (4)</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that training regarding palliative care is cascaded to all registered nursing staff in the home.</p> <p>Action taken as confirmed during the inspection: A review of the training record evidenced that training for staff in palliative care is planned for 29 January 2016. Staff confirmed that the palliative care nurse from the local healthcare trust has been recently in the home and has provided advice to staff regarding palliative care.</p> <p>The manager should confirm to RQIA the number and grades of staff who have attended the planned training in the returned QIP. A further recommendation is made in this regard.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the homes policies and procedures are updated to reflect best practice guidance such as the Gain Palliative Care Guidelines, November 2013.</p> <p>Action taken as confirmed during the inspection: The policies and procedures have been updated to reflect the GAIN Palliative Care Guidelines, November 2013.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 19</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that the issues raised in section 5.5.1 of the previous inspection report by staff, patients and their representatives are actioned and addressed. Minutes of meetings held should be reflective of the actions taken.</p> <p>The registered persons shall ensure that the training as suggested by staff should be cascaded to all relevant staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager has implemented regular staff meetings and training to ensure staff are appropriately skilled to address any issues raised. Minutes are maintained of meeting and training held.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons should ensure that care plans are discontinued when they are no longer relevant.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager has recently audited care records and the audits confirmed that care plans are discontinued when no longer relevant.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered persons should ensure that staff meetings are arranged as soon as possible and that designated staff meeting should be accommodated in small groups.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Regular staff meetings are being held this includes designated staff which were accommodated in smaller group meetings. Minutes are retained of meetings held and issues discussed.</p>		

5.3 Additional areas examined

5.3.1 Care practices

Staff were observed to deliver care in a caring and respectful way. All staff spoken with felt that communication in the home has improved and staff meetings and training has assisted in ensuring care practices were enhanced. All stated that they would contact the manager if they needed to.

One issue was raised during the inspection with the manager regarding delivery of care to one patient. This patient could not sound the nurse call system because it was not left within easy reach of the patient and was not connected properly. The nurse call system was reset by the inspector and sounded. Staff attended promptly and assisted the patient, however the inspector noticed that the member of staff had left the nurse call system disconnected. This was immediately addressed at the time with the member of staff and the manager was informed. A requirement is made in this regard.

The same patient was observed not to eat their lunch and there were two separate food supplements which were not taken on the patient's food tray. The tray also contained three glasses of fluid, all of which were observed to be of a different consistency. The inspector asked a member of staff what consistency the fluids provided to the patient should be and the member of staff stated it was to be normal consistency. The registered nurse on duty informed the inspector that the consistency had been changed following a return from hospital and fluids should be offered at stage two consistency. This had not been communicated to care staff. A requirement is made that all staff are informed of changes in care delivery of all patients and that fluids are always served in the correct consistency as prescribed.

A review of the patient's food intake record was observed to be incorrectly completed. This was immediately brought to the attention of the manager who agreed to provide further training and supervision with staff. A requirement is also made in this regard.

The above issues were also brought to the attention of the Quality Team in the local healthcare trust who were in visiting the home on the day of the inspection. They requested that this issue be brought to the attention of the safeguarding team in the Trust. This request was carried out by the inspector the following day.

Patients and relatives spoken to have stated that they generally felt well cared for and that staff were courteous, polite and attentive. All stated that the home was a good place to live in and that they were comfortable. All stated that the food was good and they were always provided with a choice.

The meal times were very well organised and the dining room/sitting room on the ground floor has been reorganised and there is now more space available for those who choose to have their meals in this room.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Donna Mawhinney, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 12 (2) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: 20 February 2016</p>	<p>The registered persons shall ensure at all times the nurse call system is in working order.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The home manager will check the nurse call system is in working order each day. The nurses and senior care staff will also be responsible for checking this throughout the day. Hydro system maintenance company have visited the premises and checked the nurse call system and they will also carry out regular services.</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 20 February 2016</p>	<p>The registered persons shall ensure that staff are aware of how the nurse call system should be managed and that it is connected at all times.</p> <p>Ref: Section 5.3.1</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The home manager will check the nurse call system is being managed each day. The nurses and senior care staff will also be responsible for checking this throughout the day.</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 20 February 2016</p>	<p>The registered persons shall ensure that all staff are informed of changes in care delivery of all patients and that fluids are always served in the correct consistency as prescribed.</p> <p>Ref: Section 5.3.1</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered nurses have access to the computer to update the hand over sheet following any changes in the care delivery of all patients. This will be discussed verbally at all hand over periods.</p>
<p>Requirement 4</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 20 February 2016</p>	<p>The registered persons shall ensure that care records are correctly completed in keeping with best practice. Ensure further training and supervision with staff as agreed in this regard.</p> <p>Ref: Section 5.3.1</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The care records have been reviewed in consultation with the staff to ensure all staff understand how to complete the forms accurately. This will be kept under review on a daily basis by the senior care assistants.</p>

Recommendations			
Recommendation 1 Ref: Standard 39 (4) Stated: First time To be Completed by: 31 March 2016	The manager should confirm to RQIA the number and grades of staff who have attended the planned training in the returned QIP. Ref: Section 5.2		
	Response by Registered Person(s) Detailing the Actions Taken: Training will take place on the 29 th February 2016 in Cregagh Nursing Home on record keeping. 4 staff nurses will attend, 2 senior care assistants and 9 care assistants will attend.		
Registered Manager Completing QIP	Donna Mawhinney	Date Completed	15/02/16
Registered Person Approving QIP	Chris Arnold	Date Approved	25/02/16
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	25/02/16

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