Unannounced Nursing Home Care Inspection Report 26 May 2016

Cregagh Nursing Home

Address: 2a Graham Gardens, Belfast, BT6 9FB
Tel No: 028 9045 1300
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Cregagh Nursing Home took place on 26 May 2016 from 10:00 to 17:30.

The inspection sought 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 positive outcomes for patients through the competent delivery of safe care. Recruitment and induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were maintained and reflected the dependency levels of patients. A review of the training records evidenced that staff training was being well managed.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. Care records were generally well maintained and included assessment of patient need, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. There was also clear evidence of effective team working and good communication between patients and staff. There were two recommendations made in relation to care records and one recommendation made in relation to the menus.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. Patients were complimentary of staff. There was good evidence of patient, representative and staff consultation.

Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within Cregagh. Compliance with the recommendations made will improve the overall services provided, the experience of service users and leadership within the home.

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**	**3**

Details of the QIP within this report were discussed with Donna Mawhinney, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted/did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent pharmacy inspection

The most recent inspection of the Cregagh was an announced pharmacy inspection undertaken on 21 March 2016. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) with Mr Christopher Arnold, Registered Person, Ms Donna Mawhinney, Registered Manager, and Ms Heather Murray, Regional Manager, on 25 March 2016. At this meeting, a full account of the actions taken to ensure that robust systems for the management of medicines were in place was provided. RQIA acknowledged that patients were receiving their medicines as prescribed. As a new management team had recently been appointed RQIA decided to give them a period of time to address the concerns and drive the necessary improvement.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified.

2.0 Service details

Registered organisation/registered person: Spa Nursing Homes Ltd Christopher Philip Arnold	**Registered manager:** Donna Mawhinney
Person in charge of the home at the time of inspection: Donna Mawhinney	**Date manager registered:** 10 March 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 40

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following information was 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 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, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 25 patients, six care staff, two registered nursing staff, four patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to Adult Safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures

4.0 The inspection

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

The most recent inspection of Cregagh was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 18 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 12 (2) (b) **Stated:** Second time **To be Completed by:** 20 February 2016	The registered persons shall ensure at all times the nurse call system is in working order.	**Met**
	Action taken as confirmed during the inspection: A review of the nurse call system evidenced that the nurse call system was in working order and staff were observed to answer it promptly.	
Requirement 2 **Ref:** Regulation 12 (2) **Stated:** First time **To be Completed by:** 20 February 2016	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.	**Met**
	Action taken as confirmed during the inspection: Staff spoken with were aware of how the nurse call system is managed. The manager conducts regular checks throughout the day to ensure it is connected at all times. Records of the checks are maintained.	
Requirement 3 **Ref:** Regulation 12 (1) (a) **Stated:** First time **To be Completed by:** 20 February 2016	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.	**Met**
	Action taken as confirmed during the inspection: Following discussion with staff they confirmed that they are kept informed of changes to patients conditions or care delivery. Staff spoken with were aware of the consistency of fluids to be provided. Information is also included in the daily handover sheets stored on the computer.	

Requirement 4 **Ref:** Regulation 12 (1) (b) **Stated:** First time **To be Completed by:** 20 February 2016	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.	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that they were completed in keeping with best practice. The manager confirmed that further staff training has been competed and staff have received supervision in this regard.	
Last care inspection recommendations		**Validation of compliance**
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.	**Met**
	Action taken as confirmed during the inspection: The manager has informed RQIA of the number and grades of staff who attended the planned training in the returned QIP.	

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and stated that the levels were subject to regular review in order to ensure that the assessed needs of patients were being met. The manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients, this included details of patients dependency levels.

A review of the staffing roster for weeks commencing and 16 and 23 May 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff staffing rosters it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Relatives commented positively regarding the staff and care delivery.

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. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager also had signed the record to confirm that the induction process had been satisfactorily completed.

Review of two records and discussion with the manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

There were systems in place to monitor staff attendance and compliance with training. Review of staff training records from January 2016 evidenced that the attendance/compliance levels with mandatory training was good. Following discussion with the manager it was ascertained that staff that had not yet completed their training were staff currently on long term leave or worked as bank staff. A management system is in place to ensure that those staff required to attend training are identified and reminded to complete their training when they return to work. The regional manager agreed to introduce a training matrix format to ease the reference of staff training.

Discussion with the manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff receives supervision and appraisal. Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed.

A review of two personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified. The registered manager had robust systems in place to monitor the progress of safeguarding issues with the local health and social care trust and the PSNI.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

Discussion with the manager and review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. There were no issues identified with infection prevention and control practice.

Areas for Improvement

There were no areas for improvement identified under the safe domain.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.4 Is care effective?

Review of four patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patient's nursing needs was completed at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process. The outcome of patient assessments of need and risk assessments were evidenced to inform the care planning process.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required, in response to patient need. However, the formal evaluations of care shoud contain more detail of the outcomes for patients. A recommendation is made.

Discussion with one visiting professional during the inspection, confirmed that they had a good relationship with staff in the home and that they are appropriately referred and instructions provided are followed and records maintained. The results of investigation specimen details were not always fully completed as discussed the date and result and signature of the staff member receiving the results should be recorded. One care record required to have the Malnutrition Universal Screening Tool (MUST) fully completed. A recommendation is made to address this.

Staff demonstrated awareness of the importance record keeping and of patient confidentiality in relation to the storage of records.

There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the manager and staff evidenced that nursing and care staff were required to attend handover meetings at the beginning of each shift. Staff were aware of the importance of handover meetings in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Daily hand over records have also been recently introduced and are stored on computer for reference.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the manager.

We discussed how management consulted with patients and relatives and involved them in the issues which affected them. The manager explained that she held regular meetings with patients and relatives. Minutes of the meetings held were reviewed and confirmed attendance and the detail of the issues discussed. time to care. A notice board displaying information for relatives was provided at the entrance to the home.

The serving of lunch was observed in both floors. Tables were set with cutlery, condiments and napkins. Those patients who had their lunch in the lounges or bedrooms were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room.

Meals were transported from the kitchen in heated trolleys and served by the kitchen staff; this left the registered nurses and care staff free to attend to the nutritional needs of the patients.

The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. A recommendation is made that the menus displayed should include the type of vegetables and choice of dessert served.

Areas for Improvement

Three recommendations were made. One recommendation was regarding the dating and signing of care records and the completion of the MUST. One recommendation is in relation to the menus and one recommendation is in relation to the evaluations of care.

Number of requirements	**0**	**Number of recommendations**:	**3**

4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients' choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

Numerous compliments had been received by the home from relatives and friends of former patients.

Ten questionnaires were issued to patients; two were returned prior to the issue of this report. The patient response indicated that all aspects of care was commendable and that the service was well led. Both questionaires returned comments that they felt that there was not enough staff at the weekend.

Ten relative questionnaires were issued to relatives; one was returned prior to the issue of this report. The responses in the returned questionnaire was positive.

The following comments were provided from patients and relatives during inspection and in the returned questionnaires:

- “Everyone is so good to me”
- “Staff are very attentive”
- “You will go far to beat it”
- “The food is marvellous”
- “Rachel the activity girl makes me so happy, she is always so jovial”
- “Donna the manager is doing a great job”
- “Things have improved”
- “This is a home from home”

Ten questionnaires were issued to nursing, care and ancillary staff; five were returned prior to the issue of this report. The responses to the questions were all positive and staff indicated that in their opinion the delivery of safe, effective and compassionate care was of a high standard. All staff stated that they were being well led.

There were a number of activities ongoing in the home. Patients were observed to be involved and there are various opportunities to encourage patients to become involved in the daily activities. Activities were patient led and in accordance with their wishes. Discussion with the activity therapist evidenced that there was enthusiasm by all staff to ensure planned activities were well organised. The activity programme was varied and reflective of patient preferences. There is also a monthly newsletter issued to all patients and relatives. The provision of activities is to be commended on this occasion.

Areas for Improvement

No areas for improvement were identified in the assessment of compassionate care during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

The certificate of registration issued by RQIA and the home’s certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available.

Discussion with the regional and registered manager and staff evidenced that there was a clear organisational structure within the home.

Staff spoken with were knowledgeable regarding line management within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and /or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. As previously discussed information on how to make a complaint was displayed in the home.

A record of complaints was maintained by the registered manager. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the letter sent to the complainant. We discussed at length how the registered manager assessed that the complainant was satisfied with the outcome of the complaint and how this satisfaction was evidenced.

Any contract compliance issues raised by the local health and social care Trust were recorded as complaints. In these instances the Trust informs the registered manager if the complainant is satisfied with the outcome. 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.

There were numerous thank you cards and letters received from former patients and relatives. The registered manager explained that initially these would be displayed in the home.

The manager discussed the systems in place to monitor the quality of the services delivered and explained that a programme of audits was completed on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, complaints and the environment. A review of the record of audits evidenced that where an area for improvement was identified and an action plan was developed, completed and the area re-audited to check that the required improvement has been completed.

We discussed further with the registered manager how patients and relatives were involved or consulted with regards to issues which affected them. As previously discussed the manager holds regular meetings with patients/relatives and displays information for relatives on dedicated notice boards.

Discussion with the regional manager and review of records evidenced that the unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

Areas for Improvement

Areas for improvement were identified in the previous domains of effective care. Compliance with these recommendations will improve the overall services provided, the experience of service users and leadership within the home.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Donna Mawhinney, Registered Manager and Heather Murray, Regional 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 4:9 **Stated:** First time **To be completed by:** 15 July 2016	The registered manager should ensure the formal evaluations of care contain more detail of the outcomes for patients. **Ref: Section 4.4**
	Response by registered person detailing the actions taken: On going training will be given to the nurses to ensure that the evaluations of care contain more detail of the outcomes for patients.
Recommendation 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 15 July 2016	The registered manager should ensure that the results of investigation specimen details are fully completed. The date and result and signature of the staff member receiving the results should be recorded. The Malnutrition Universal Screening Tool (MUST) should always be fully completed. **Ref: Section 4.4**
	Response by registered person detailing the actions taken: Training will be ongoing with the nurses to ensure that the results of investigation specimen details are fully completed. The date and result and signature of the staff member receiving the results will be recorded. The Malnutrition Universal Screening Tool should always be fully completed.
Recommendation 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 15 July 2016	The registered manager should ensure that the menus displayed should include the type of vegetables and choice of dessert served. **Ref: Section 4.4**
	Response by registered person detailing the actions taken: The menu displayed will have the type of vegetables and choice of dessert served.

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

The Regulation and Quality Improvement Authority

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
Web www.rqia.org.uk
@RQIANews