

# Inspection Report

**Name of Service: Colinvale Court**

**Provider: Mr Raymond Liam Murphy**

**Date of Inspection: 19 February 2025 and 25 February 2025**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Mr Raymond Liam Murphy
<b>Responsible Individual:</b>	Mr Raymond Liam Murphy
<b>Registered Manager:</b>	Mrs Vincy Vincent
<b>Service Profile:</b> This home is a registered nursing home which provides nursing care for up to 50 patients living with dementia. The home is divided into five units over two floors. Bedrooms and bathrooms are situated on both floors with communal dining and lounge areas on the ground floor. Two communal courtyards are also available.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 February 2025, from 9:05 am to 6:15 pm by a care inspector and 25 February 2025, from 10:00 am to 3:00 pm by pharmacy inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 29 August 2024 and medicines management inspection on 28 November 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe and compassionate care was delivered to patients. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

Mostly satisfactory arrangements were in place for the safe management of medicines. The majority of medicines were administered as prescribed. The areas for improvement in relation to medication records and disposal of medicines, identified at the last medicines management inspection were assessed as met.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; supervision of patients, infection prevention and control (IPC) deficits in the medicines storage area and recording dates of opening medicines to facilitate audit and disposal at expiry.

As a result of this inspection 21 areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "This place is not bad. The staff are very good. The food could do with improvement. I am more used to snacks than meals", "I enjoy watching TV and listening to The Beatles," and "We enjoy it here. The staff are kind."

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included: "My relative has really settled into the home and they are so happy. One wee girl is so attentive; she is brilliant doing entertainment. The staff are amazing. My relative enjoys bingo and has made flowers. There are no restrictions on visiting." The relative also complimented the manager and deputy manager stating that they felt listened to.

Staff spoken with said that Colinvale Court was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said that, "The teamwork is excellent. I am happy here and love working with people with dementia."

We did not receive any questionnaire responses from patients or their visitors. 11 responses from relatives and 15 responses from staff were received to the online survey. Responses from both staff and relatives indicated that they were either satisfied or very satisfied across all areas of care delivery.

Comments received from relatives included, "Since admission (my relative) has been made to feel so welcome, as are we as a family when we come to visit. The staff always come to give us an update and to get to know us and my relative. My relative seems very happy here and the staff are very attentive to their needs," "My mum is very settled in the home. She is well loved and respected. The staff are very knowledgeable, approachable and professional," "Staff are like angels caring kind and compassionate," and "The staff in Colinvale are amazing - always greet you with a smile. The care and attention they show my mummy is perfect."

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence that systems were in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice.

Staff confirmed that lounges throughout the home should be supervised by a staff member at all times. It was observed that the lounge in the Oak unit was left unsupervised for a period of

time. This was discussed with the manager who gave assurances that deployment of staff would be reviewed. An area for improvement was identified.

The dining experience was an opportunity for patients to socialise. Pictorial menus were displayed on the dining room tables, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. Patients were enjoying their meal and their dining experience. Staff ensured that patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with patients, patients' relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients were aware of the activities provided in the home and were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in daily activities as they prefer to plan their own time.

Patients' needs were met through a range of individual and group activities such as bingo, movies, arts and crafts, grooming, tea parties and baking. Prior to lunch, patients were observed to enjoy listening to a lady singing and playing a guitar while others had hand massages and their nails painted.

Patients spoken with said they enjoyed the activities they attended and they were looking forward to a visit from an outside musical entertainer arranged for the near future.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Food and fluid supplements consumed by patients were not accurately and consistently recorded as part of their food and fluid intake records. An area for improvement was stated for a second time.

### 3.3.4 Quality and Management of Patients' Environment

The home was generally clean and tidy. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

The manager confirmed many areas of the home had been painted and new furniture such as chairs and table top facilities had been purchased. Some vinyl flooring has been replaced since the previous care inspection and the manager confirmed additional carpet and floor coverings are to be replaced.

Whilst improvements were noted further works were required to the environment; these included but is not limited to works to the external courtyards to make them more inviting, the removal of discarded patient equipment stored at the side of the home, exposed wood on cupboards and skirting boards in some bathrooms which required painting or replacing and some identified patient bedrooms that required decoration. An updated refurbishment program for all outstanding works should be submitted, along with the returned QIP. This should include the dates or completion. An area for improvement was stated for a second time.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks and drills.

Whilst improvements were noted since the previous care inspection, some staff were observed not washing their hands correctly or at appropriate times and to use personal protective equipment (PPE) inappropriately. Discussion with the manager confirmed that hand hygiene audits were carried out routinely however, given the findings of the inspection how these audits are completed will be reviewed. An area for improvement was stated for a second time.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Vincy Vincent has been the manager since 13 June 2016.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. There were sufficient improvements noted in oversight and governance arrangements to meet a previously identified area for improvement.

There was a system in place to manage any complaints received. However, review of complaint's records evidenced shortfalls in how some complaints were recorded, particularly in relation to discussions held and actions taken. This was discussed with senior management who agreed to complete any necessary documentation retrospectively. An area for improvement was identified.

A compliments log was maintained and any compliments received were shared with staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Examination of these reports confirmed they were not effective in identifying deficits to drive necessary improvements within the home. This particularly relates to evidencing engagement with staff, oversight of the environment and complaints management. An area for improvement was stated for a second time.

### 3.3.6 Medicines Management

## **Monitoring and review of medicines management**

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions, pain, thickening agents, insulin and warfarin were reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

## **Supply storage and disposal**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was organised so that medicines belonging to each patient could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

Some deficits in infection prevention and control were identified in the medicines storage area. Examples included: the floor of the medicines storage area which was not clean; tablet crushing devices had not been cleaned thoroughly and aero chamber devices needed to be cleaned/replaced. An area for improvement was identified.

Dates of opening should be recorded on medicines to facilitate audit and disposal at expiry. Several in use emollient creams were observed without a recorded date of opening. An area for improvement was identified.

### **Medicines administration**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan. Written consent and care plans were in place when this practice occurred.

### **Transfer of medicines**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed. When medicines are received at admission to the home the dates of opening were recorded however the quantity supplied was not always recorded to facilitate audit. This was discussed with the manager for corrective action.

### **Management of medicine incidents**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence. The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the nurses on duty and the manager for on-going monitoring.

### **Medicines management training**

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

## **4.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	4*	4*

\*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Vincy Vincent, Registered Manager, and Mr Raymond Murphy, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 May 2025</p>	<p>The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound refurbishment program for this work should be submitted, along with the returned QIP, for information and comment.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Ongoing. The works identified have largely been addressed and any outstanding works should be completed by the end of June '25.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 February 2025</p>	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Relevant audits have been carried out and induction completed for new staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 February 2025</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and identify the actions required to drive the necessary improvements to ensure compliance with regulations and standards. These should be available for inspection.</p> <p>Ref: 2.0 and 3.3.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Regulation 29 visits are detailed and robust, thus ensuring a comprehensive report. All monitoring visits are available for scrutiny.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 February 2025</p>	<p>The registered person shall ensure that lounges which management identify as requiring supervision must be supervised in keeping with managements directives.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Home is fully staffed at all times and lounges are supervised in keeping with management directives.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 February 2025</p>	<p>The registered person shall ensure that food/fluid supplements consumed by patients are recorded as part of their food/fluid intake records.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> This issue has been further discussed with all relevant staff and is fully compliant.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 February 2025</p>	<p>The registered person shall ensure that a record of all complaints are retained. All outstanding complaints records should be completed retrospectively. These should include details of all communications with complainants; the results of any investigations and the actions taken. Details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined should be recorded.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> Our complaints policy has been updated and is fully compliant. Any complaints are fully detailed and are audited regularly.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 February 2025</p>	<p>The registered person shall ensure that the infection prevention and control deficits in the medicines storage area identified during the inspection are addressed.</p> <p>Ref: 3.3.6</p> <p><b>Response by registered person detailing the actions taken:</b> The infection prevention and control issues have been further reviewed and are compliant.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 February 2025</p>	<p>The registered person shall ensure that dates of opening are recorded on all medicines, including external preparations, to facilitate audit and disposal at expiry.</p> <p>Ref: 3.3.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> A review has been carried out and this issue is fully compliant.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



## The Regulation and Quality Improvement Authority

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