

Inspection Report

Name of Service: Culmore Manor Care Centre

Provider: Ann's Care Homes

Date of Inspection: 26 November 2024

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

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Kelly McCready
Service Profile:	
<p>This home is a registered Nursing Home which provides general nursing care for up to 56 patients over 65 years of age and up to 10 patients with physical disability under 65 years of age. The home is a two storey building. Patient bedrooms, lounges, dining rooms and bathroom/toilets are located over the two floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 26 November 2024 from 9.30 am to 6 pm by a care inspector.

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 25 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery. Including; the staff duty rota, the mid-morning tea trolley, the monitoring of patients' food items within communal fridges, medicines management, infection prevention and control (IPC), general data protection regulation (GDPR), risk management and consent for bedrails, head injury observations and environmental audits.

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.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a third time in relation to IPC. Four areas for improvement relating to medicines management will be reviewed

at a future 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 mostly in positive terms 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: "Getting good care", "The staff are looking after me very well", "Very happy here", "I have no complaints" and "I feel safe here".

Two patients expressed a level of dissatisfaction with certain aspects of care delivery. Details were discussed with the management team who agreed to review this. Following the inspection written confirmation was received that relevant action had been taken to address this.

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested.

There was mixed responses from relatives during the inspection regarding the overall provision of care within the home. Comments included: "The carers are all very good", "The staff are friendly and I always feel welcomed", "Happy with my (relative) care" and "The care here is great". Some relatives commented regarding certain aspects of care delivery and communication with staff that could be improved upon. Details were shared with the management team to review and action as necessary.

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work; they felt well supported in their role, however, several staff said that the number of staff scheduled on the duty rota was inconsistent.

Review of a sample of staff duty rotas evidenced that there were inconsistencies in the staffing levels from day to day for both registered nurses and care assistants. It was further identified that there was more than one copy of the rota and the nurse in charge was not always highlighted. Areas for improvement were identified.

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 interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

The dignity of one patient was discussed in detail with the management team who agreed to have this reviewed. Following the inspection, written confirmation was received of the action taken to address this.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. Review of a sample of care records evidenced that written consent for the use of bedrails was not available in one patient's care file and the bedrail risk assessment had not been reviewed in over a year; a further patient did not have a bedrail risk assessment completed. Areas for improvement were identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and records were maintained.

Review of a sample of care records regarding unwitnessed falls evidenced that not all head injury observations were completed in line with the home's policy. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display within each dining room offering a choice of two meals.

Whilst staff were knowledgeable regarding patients' dietary needs, there was no mealtime co-ordinator to oversee the correct delivery of meals. Clothing protectors were not available for patients on the first floor and there was a limited availability of condiments within both dining rooms. This was discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address these issues.

Patients mostly commented in positive terms about the food provided within the home with comments such as: "The food is good here and plenty of choices", "If I don't like something, there is always an alternative" and "The food is great". One patient said that staff don't always provide an alternative if they don't like what is on the menu. This was discussed with the manager to review and action as necessary.

Review of the mid-morning tea trolley evidenced that snacks were not available for patients requiring a modified and/or varied diet. Details were discussed with the management team and an area for improvement was identified.

Fridges within both communal dining rooms contained food items that did not have the date of opening and/or the name of the patient it belonged to. It was further identified that some of the food had expired. Details were discussed with the management team and an area for improvement was identified.

During the inspection the activity co-ordinator was decorating the home in preparation for Christmas and discussed recent and upcoming events. An activity schedule was on display offering a range of activities such as; armchair exercise, music, crafts, religious services and hair dressing.

Patients were observed to be content in their surroundings and around staff and each other. Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff.

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.

Patients' care records were not held confidentially within one area of the home. This was discussed with the manager and an area for improvement was identified.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs and nursing staff recorded regular evaluations about the delivery of care. Some care records required further information; details were discussed with the management team who agreed to have these updated. Following the inspection, written confirmation was received that relevant action had been taken to address this.

3.3.4 Quality and Management of Patients' Environment

The home was warm and comfortable and patients' bedrooms were personalised with items important to the patient. Some surface damage was evident to identified walls, a vanity unit, portable over bed tables and skirting within a communal toilet. Pipes leading from a sink were also exposed within a patient's bedroom. These findings were discussed in detail with the management team who had some of these issues addressed during the inspection. Following the inspection, written confirmation was received of the action taken to address all other deficits. This is discussed further in section 3.3.5.

Prescribed inhalers and eye drops were observed within a patient's bedroom that were not labelled and did not provide the date of opening. The door to a store room with prescribed supplements was unlocked and a tablet was identified within a small medicine pot on a table in front of a patient in their bedroom. This information was shared with the pharmacist inspector and areas for improvement were identified.

Medical equipment including needles for taking blood was observed within an unlocked store. The potential risks were discussed with the management team and an area for improvement was identified.

A fire risk assessment was completed on the 24 September 2024; the manager advised that they had only received the report and were in the process of addressing any recommendations listed. Confirmation was received on the 23 December 2024 that all recommendations had been signed off by the manager as completed.

Observation of staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including one staff member wearing a bracelet; inappropriate use of personal protective equipment (PPE) by identified staff; and not washing their hands between tasks. An area for improvement has been stated for a third time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Kelly McCready has been the manager in this home since 8 May 2024.

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

A review of the records of accidents and incidents which had occurred in the home found that these had been reported to all relevant persons.

As mentioned above in section 3.3.4, a number of environmental deficits were identified requiring repair/replacement. Review of a sample of audits in relation to the environment evidenced that there was no timeframe, person responsible or follow up to the deficits identified. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team

responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the home.

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.

	Regulations	Standards
Total number of Areas for Improvement	5*	11*

* The total number of areas for improvement includes one regulation stated for the third time; two regulations and two standards carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 11 September 2024	The registered person shall ensure safe systems are in place for the management and administration of insulin. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 11 September 2024	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 3 Ref: Regulation 13 (7) Stated: Third time	The registered person shall ensure that IPC deficits identified during the inspection are addressed. Ref: 2.0 and 3.3.4

<p>To be completed by: 26 November 2024</p>	<p>Response by registered person detailing the actions taken: The identified areas of staff non-compliance to IPC were addressed through the HR process. Infection control was discussed at staff meetings. A supervision on infection control was completed and to reiterate the importance of compliance further, staffs IPC module on Saunders Academy was reset. The registered person continues to monitor compliance during walkabout.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that patients requiring bedrails have a suitable risk assessment completed and consent for the use of bedrails.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The identified areas in two care files were addressed following inspection. Care file auditing will be used to monitor compliance that bed rail risk assessments and consents are in place. This is further checked on a bed rail audit. The bed rail awareness module on Saunders Academy was reset for Nurses and care staff.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that head injury observations are obtained and recorded in line with the home's policy, following a fall where there is a suspected and/or actual head injury.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The homes policy has been re-issued to all Nurses to refer too. A supervision on falls and CNS observations has been completed. Falls awareness module 100%. Face to face training has been arranged in February and March for all Nurses to attend. Manager to monitor compliance whilst completing investigation section of incident reports.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2024</p>	<p>The registered person shall ensure that fully complete and accurate records of the administration of medicines are maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

	Ref: 2.0
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 4 December 2024	<p>The registered person shall ensure the deficits identified in the downstairs treatment room as detailed in the report are suitably addressed.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
Area for improvement 3 Ref: Standard 41 Stated: First time To be completed by: 26 November 2024	<p>The registered person shall ensure that the number of staff required in accordance with the assessed needs of the patients is accurately reflected within the staff duty rota.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered person is now using a dependency tool which calculates the indicative staffing, the rota is set out based on this only.</p>
Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: 26 November 2024	<p>The registered person shall ensure that there is only one copy of the staff duty rota and that the nurse in charge is highlighted.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered person is aware there is only to be one copy of staff rota in the file at any one time. Staff have been advised that should changes be needed, they are to be completed and initialled by HM, deputy or CL only. Should the rota need retyped, the original rota will be filed and only the revised rota to be retained in file. The rota includes a colour code which clearly indicates NIC.</p>
Area for improvement 5 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that the mid-morning tea trolley is reviewed to include snacks for patients who require a modified and/or varied diet.</p> <p>Ref: 3.3.2</p>

<p>To be completed by: 26 November 2024</p>	<p>Response by registered person detailing the actions taken: Registered manager has discussed this at staff meeting. It is reviewed as part of walkabout and will be monitored as part of Reg 29 visits.</p>
<p>Area for improvement 6 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that a system is implemented to monitor food items within the communal dining room fridges. Ref: 3.3.2</p>
<p>To be completed by: 26 November 2024</p>	<p>Response by registered person detailing the actions taken: The areas identified on day of inspection was discussed with staff. To eradicate the issue, the registered manager removed both fridges from all dining rooms.</p>
<p>Area for improvement 7 Ref: Standard 37.5 Stated: First time</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with GDPR and best practice. Ref: 3.3.3</p>
<p>To be completed by: 26 November 2024</p>	<p>Response by registered person detailing the actions taken: GDPR was discussed at staff meetings. A supervision on GDPR and confidentiality completed. Confidentiality and information governance module was re set on Saunders. Keypads to all stores being installed and in the interim of installation, compliance is being monitored by registered manager.</p>
<p>Area for improvement 8 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall ensure that prescribed supplements and medicines are securely stored and dates of opening medicines is clearly recorded. Ref: 3.3.4</p>
<p>To be completed by: 26 November 2024</p>	<p>Response by registered person detailing the actions taken: The identified area was discussed with staff. A supervision on medication management has been completed. The registered manager reviews as part of walkabout and will be further monitored as part of Reg 29 visits.</p>
<p>Area for improvement 9 Ref: Standard 28 Stated: First time</p>	<p>The registered person shall ensure that prescribed medicines are appropriately labelled and administered in accordance with legislative requirements. Ref: 3.3.4</p>
<p>To be completed by: 26 November 2024</p>	<p>Response by registered person detailing the actions taken: As above - The identified area was discussed with staff. A supervision on medication management has been completed.</p>

	The registered manager reviews as part of walkabout and will be further monitored as part of Reg 29 visits.
Area for improvement 10 Ref: Standard 35 Stated: First time To be completed by: 26 November 2024	The registered person shall ensure that medical equipment such as needles are securely stored. Ref: 3.3.4 Response by registered person detailing the actions taken: This area was actioned on day of inspection. The registered manager has discussed with her nurses how to store medical equipment appropriately and will monitor compliance during walkabout.
Area for improvement 11 Ref: Standard 35 Stated: First time To be completed by: 26 December 2024	The registered person shall ensure that where deficits have been identified during an environmental audit, that an action plan, time frame, person responsible and follow up is completed. Ref: 3.3.5 Response by registered person detailing the actions taken: The registered manager has completed an environmental audit which is detailed setting out clearly the identified item, responsible person for completing and time frame to complete. This is a live document and shows to date items completed. This is being monitored and home and regional/office level.

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