

Inspection Report

11 June and 9 July 2024



Copperfields

Type of service: Nursing
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Edwards Enterprises NI Ltd</p> <p>Responsible Individual: Mr William Henry Hume Edwards</p>	<p>Registered Manager: Mrs Karen Zwecker – not registered</p>
<p>Person in charge at the time of inspection: Mrs Karen Zwecker, Manager</p>	<p>Number of registered places: 32</p> <p>There shall be a maximum of 8 patients accommodated within category NH-DE and 1 named patient in category NH-PH (E). The home is also approved to provide care on a day basis for 1 person.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 30</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 32 persons. The home is divided into two units over two floors. Patients have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2024 from 9.35 am until 5.10 pm by a care inspector. Due to the findings of this inspection, an announced inspection took place on 9 July 2024 from 9.50 am to 12.00 noon by an estates inspector.

The purpose of the inspections was to assess progress with all areas for improvement identified in the home since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 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: "The staff are very friendly", "They (staff) will always listen to you", "We are getting great care here", "I have everything I need" and "I feel very safe here".

Eight questionnaires were received following the inspection; six from relatives and two from patients. The respondents were very satisfied with the overall provision of care. Comments included: "Care and attention given to (relative) to meet his every need was second to none", "Everything about the place is brilliant", "The care is first class", "Staff go above and beyond", "I am more than satisfied with the care my (relative) gets from nursing and caring staff". "I can sleep at night knowing that (my relative) is in safe hands". "The staff are very kind and thoughtful and can't do enough for the residents", "Couldn't be better looked after" and "Exceptional".

One respondent commented: “Could do with a few new tables for each resident to have their drinks on” and “Could do with a few more activities to keep the residents busy”. A further respondent commented: “Helpful if staff would wear a name badge – Christian name only – first name only. This would be helpful to residents, relatives and visitors”. These comments were shared with the manager to review and action as necessary. Following the inspection, written confirmation was received of the action taken to address the comments raised.

Staff said that the management team were very approachable, teamwork was great and that they felt well supported in their role. Comments included: “I love working here”, “We all work well together”, “The manager is very approachable” and “Staffing levels are fine most of the time”. Two staff commented regarding night duty being very busy on occasions. Comments were shared with the management team to review and action as necessary. There was no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that the management of recruitment is robust and includes; a full employment history with reasons for leaving and gaps in employment explored. Written references need to be obtained from relevant sources.	Met
	Action taken as confirmed during the inspection: Review of a sample of recruitment files and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure that there is a robust system in place for monitoring staffs' registration status with NISCC. Appropriate action should be taken if staff are found to be working unregistered.	Partially met
	Action taken as confirmed during the inspection: Review of relevant governance records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.	

	This is discussed further in section 5.2.1.	
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that best practice is implemented post falls and all relating documentation gives a clear and accurate account of the incident.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including fire safety and adult safeguarding. However; overall compliance was low and ancillary staff had not completed relevant training in relation to Deprivation of Liberty Safeguards (DoLS). This was discussed with the management team who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). However, checks for care workers with the Northern Ireland Social Care Council (NISCC) were not robust to ensure that all relevant staff are registered with NISCC within the required timeframe and thereafter. Details were discussed with the manager and an area for improvement has been stated for a second time.

Review of a sample of staff recruitment files evidenced that not all relevant pre-employment information had been obtained for one staff member prior to commencing work in the home. Details were discussed with the management team and an area for improvement was identified

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. As mentioned above in section 4.0, two staff commented regarding night duty being busy on occasions. This was discussed with the manager who confirmed that an assessment regarding patient dependency levels is carried out regularly to ensure that there are adequate staffing levels to meet the assessed needs of the patients.

The most recent patient dependency assessment carried out by the manager on 21 May 2024, did not provide details of the number of nursing/care hours required to ensure that the assessed

needs of the patients were being met. This was discussed with the manager and following the inspection written confirmation was received of the action taken to address this.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Review of a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place. A discussion was held with the manager regarding supervisions for ancillary staff as they were not included within the matrix. Following the inspection, written confirmation was received that relevant action had been taken to address this.

5.2.2 Care Delivery and Record Keeping

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.

One care assistant was observed using a mobile phone whilst assisting a patient with their meal. This was discussed with the management team to review and action as necessary. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records evidenced that they were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller or larger portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of a sample of care records evidenced that a number of care plans for relevant medical history had not been implemented for identified patients. It was further identified that a number of bedrail risk assessment had not been accurately completed for patients requiring bedrails. Details were discussed with the manager who agreed to have this reviewed. Following the inspection written confirmation was received that relevant action had been taken to address this with ongoing monitoring from management to ensure sustained compliance.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Whilst the majority of patient information was held confidentially, information detailing patients' dietary needs was displayed within one of the dining rooms. This was discussed with the manager who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and patients' bedrooms were personalised with items important to the patient. Outdoor spaces and gardens were well maintained with areas for patients to sit.

A number of boxes and clean linen were identified within a shower room. This was brought to the attention of the manager who immediately had this addressed and agreed to monitor going forward.

Emergency pull cords throughout the home had not been covered with a wipeable surface to aid effective cleaning; and a pipe carrying hot water was observed uncovered within a shower room. Details were discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address these issues.

Prescribed supplements were observed unsupervised on top of a medicines trolley within a corridor area on the ground floor. This was brought to the attention of the manager who immediately had these secured and agreed to discuss with relevant staff the importance of keeping these secured at all times.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Observation of staff practices evidenced that not all staff were fully compliant with infection prevention and control (IPC) measures as several staff were not bare below the elbow. An area for improvement was identified.

It was established that there was no bath available within the home. The manager advised that the bath had been removed several years ago. This information was shared with the RQIA estates inspector who discussed this further with the registered provider during the estates inspection on 9 July 2024 and an area for improvement was stated to have a bath installed.

Two windows did not have restrictors in place and a number of windows did not have the necessary tamper proof fixtures. This was discussed with the management team who agreed to have this reviewed as a matter of priority. During the estates inspection on 9 July 2024, a

sample of windows were reviewed and evidenced that relevant action had been taken to address this.

The care inspector requested the most recent fire risk assessment (FRA) and a record of any fire drills completed within the home since the last inspection. The manager was unable to access this information during the inspection but agreed to forward this once available. The information received following the inspection was forwarded to the RQIA estates inspector for their review.

During the estates inspection on the 9 July 2024 it was identified that a FRA had not been completed by an accredited fire risk assessor since the 19 April 2021. This was discussed with the registered provider who provided assurances that a FRA had been scheduled for the 7 August 2024. Review of relevant documents and further discussion with the registered provider, evidenced that fire control measures were being monitored by the registered provider. Therefore, an area for improvement has not been stated on this occasion.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff. An activity schedule was on display within each unit offering a variety of activities.

Patients commented positively about the food provided within the home with comments such as: "The food is very good", "The food is great" and "Plenty of choices."

5.2.5 Management and Governance Arrangements

There has been no change to the management arrangements since the last inspection. Staff spoke positively about management stating they were approachable and accessible.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, environment, IPC and hand hygiene. Where deficits were identified the audit process included an action plan, the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The home was visited regularly by the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these

visits were not available during the inspection and were forwarded at a later date. A discussion was held with the manager regarding a number of other documents that were not available during the inspection. The manager agreed to have this reviewed to ensure that going forward all relevant information is available for inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* The total number of areas for improvement includes one regulation that has been stated for a second time.

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2024</p>	<p>The registered person shall ensure that there is a robust system in place for monitoring staffs' registration status with NISCC. Appropriate action should be taken if staff are found to be working unregistered.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken: A monthly audit has been put in place. The Nurse Manager will inform members of staff to advise them that their registration is due for renewal. If any staff member lets their registration lapse they will be removed from the Off Duty until they have re registered.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that a robust system is implemented to ensure that all staff have an Access NI prior to commencing employment, induction and/or orientation within the home.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p>

11 June 2024	A robust system has now been put into place to ensure that all new staff have an Access NI check in place before commencing Induction/Employment.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard E24 Stated: First time To be completed by: 1 October 2024	The registered person shall ensure that a bath is installed within the home. Ref: 5.2.3 Response by registered person detailing the actions taken: A bath has been purchased and will be re installed in due course. The bath has been approved by the Estate Inspector.
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 11 June 2024	The registered person shall ensure that staff are bare below the elbow in accordance with infection prevention and control (IPC) best practice. Ref: 5.2.3 Response by registered person detailing the actions taken: All staff have been reminded not to have nail polish on when on duty and bare below the elbow, re infection prevention and control.

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