



Unannounced Care Inspection Report 17 April 2018



Shaftesbury Mews

Type of Service: Nursing Home (NH)
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel No: 028 9085 5888
Inspector: Elizabeth Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 18 persons.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Nicola Cooper	Registered Manager: Marlene Featherstone (Manager)
Person in charge at the time of inspection: Morning -Anne McLellan, deputy manager and Erica Donaldson (Support Manager). Afternoon-Marlene Featherstone(Manager)	Date manager registered: Temporary management arrangements in place – no application required
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 18 A maximum of 6 patients to be accommodated in each of the 3 bungalows.

4.0 Inspection summary

An unannounced inspection took place on 17 April 2018 from 09.40 to 15.15 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, the home's environment, communication between residents, staff and other key stakeholders, dignity and privacy and activities.

Areas requiring improvement were identified in relation to infection prevention and control, supplementary care records which have been stated for the second time and assisting patients with their meals.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*3

*The total number of areas for improvement include one area under the regulations and one area under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Marlene Featherstone, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 6 March 2018

The most recent inspection of the home was an announced premises inspection undertaken on 6 March 2018.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with six patients, six staff, and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 22 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners

- a selection of governance audits
- complaints record
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 March 2018

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 23 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure the registered manager carries out a competency and capability assessment with any nurse who is given the responsibility of being in charge of the home for any period in their absence.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that competency and capability assessment have been undertaken for any nurse who is given the responsibility of being in charge of the home for any period in their absence.	

<p>Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time</p>	<p>The registered person shall ensure all employees receive training appropriate to the work they are to perform.</p> <ol style="list-style-type: none"> 1. Staff involved in the preparation of food should be trained in Food Hygiene 2. Staff involved in the application of topical medicines should be appropriately trained. 	<p>Met</p>
<p>Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that employees have received training appropriate to the work they are to perform.</p> <ol style="list-style-type: none"> 1. Staff involved in the preparation of food have been trained in Food Hygiene 2. Staff involved in the application of topical medicines have been appropriately trained. 		
<p>Area for improvement 3 Ref: Regulation 13 (7) Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> • availability of PPE throughout the home • ensuring a soap dispenser is available at an identified sink • ensuring waste bins are emptied regularly • replacing rusted waste bin in an identified toilet • effective decontamination of an identified shower chair • sharps boxes to be signed and dated and have the aperture closed when not in use • ensuring appropriate use of PPE during meal service and cleaning. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection: Observation confirmed that:</p> <ul style="list-style-type: none"> • PPE was available throughout the home • a soap dispenser was not available at an identified sink • waste bins are emptied regularly • the rusted waste bin in an identified toilet had been replaced • shower chairs had been effectively decontamination • sharps boxes were signed and dated however not all apertures were closed when not in use 		

	<ul style="list-style-type: none"> • appropriate use of PPE was observed during meal service and cleaning. <p>This area for improvement has been partially met and has been stated for a second time.</p>	
<p>Area for improvement 4 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered person shall ensure suitable arrangements for recording and safe administration of medicines. This is made with specific reference to administration of topical medicines.</p> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that suitable arrangements for recording and safe administration of medicines, specifically to the administration of topical medicines are in place.</p>	<p>Met</p>
<p>Area for improvement 5 Ref: Regulation 17 (1) Stated: First time</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure the necessary improvements can be embedded into practice.</p> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that monthly audits have been completed in accordance with best practice guidance. Any shortfalls identified generate an action plan to ensure the necessary improvements can be embedded into practice.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: Second time	The registered person shall ensure that falls prevention is managed in accordance with the DHSSPS, Care Standards for Nursing Homes, 2015.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that a new policy has been recently introduced "Essential Care Following a Fall". Discussion with the manager confirmed that the principles outlined in the policy will be fully embedded into practice.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that supplementary care records; for example, elimination and food & fluid intake records, reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records.	Partially met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that supplementary care records; for example, food & fluid intake records, do not always reflect a full 24 hours. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure the planned rotational menu is adhered to unless in exceptional circumstances. The rotational menu should be reviewed, updated and records retained reflecting patient's views. The menu should also be displayed in a suitable format.	Met
	Action taken as confirmed during the inspection: Observation and review of documentation confirmed that the planned rotational menu was adhered to on the day of the inspection. The rotational menu had been reviewed, and updated to reflect patient's views. The menu was displayed in a suitable format.	

Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall ensure the duty rota accurately reflects the name of the nurse in charge of the home on each shift; hours worked and signed by the nurse manager or designated representative.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that the duty rota accurately reflected the name of the nurse in charge of the home on each shift; and the hours worked. The duty rota was signed by the manager or designated representative.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 16 April 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was not reviewed on this inspection as the previous inspection on 23 January 2018 found that records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records, at that time, evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Review of records evidenced that staff supervision and appraisals and competency and capability assessments had been undertaken.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed. Review of documentation and discussion with the manager confirmed that a new policy has been recently introduced "Essential Care Following a Fall". Discussion with the manager confirmed that the principles outlined in the policy will be fully embedded into practice.

A review of the home's environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment.

Infection prevention and control measures were generally well adhered to and equipment was appropriately stored. However, an area for improvement identified at the previous inspection relating to infection prevention and control had not been fully addressed and has been stated for a second time. An additional infection prevention and control issue identified during this inspection relating to the reuse of single use syringes has been stated for the first time.

Fire exits and corridors were observed to be clear of clutter and obstruction. Discussion with the manager evidenced that fire points were checked throughout the home weekly and that a fire drill took place every six months.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

An area for improvement identified at the previous inspection relating to infection prevention and control had not been fully addressed and has been stated for a second time. An additional infection prevention and control issue identified during this inspection relating to the reuse of single use syringes has been stated for the first time.

	Regulations	Standards
Total number of areas for improvement	1*	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as food and fluid intake records were generally well maintained. However, these did not evidence a 24 hour record of intake. This area, identified for improvement under the care standards at the previous inspection had not been fully addressed and has been stated for a second time.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders .

Areas for improvement

An area for improvement identified at the previous inspection relating to recording in supplementary care records had not been fully addressed and has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. Staff were also observed interacting and playing games with patients. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Inspection of patient's bedrooms evidenced that they were personalised in keeping with the patient's wishes.

Discussion with the staff confirmed that there was a social and leisure officer (SLO) in the home responsible for the provision of activities. The activity room within the home evidenced a wide range of activities patients had been involved in, particularly arts and crafts. Discussion with the SLO evidenced a wide and varied programme planned to meet the individual needs of the patient's. In addition to the previously mentioned activities, patient's enjoyed baking cakes and buns, crazy golf, bowling and pet therapy. Seasonal activities have also been planned for spring time.

The serving of the midday meal was observed. The dining room was bright and spacious. A range of drinks were readily available. Menus were displayed or available in a suitable format.

The meals were nicely presented, were of good quality and smelt appetising. Staff confirmed that patients who required a modified diet were afforded a choice at mealtimes. The support workers were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. However, one member of staff was observed to assist a patient with their meal very quickly, also the staff member stood whilst assisting the patient. This was discussed with the manager; an area for improvement has been identified under the standards to ensure that assistance is provided in a discreet, unhurried and sensitive manner.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients on the running of the home. This was done on a monthly basis by the SLO.

Six staff members were consulted to determine their views on the quality of care within Shaftesbury Mews. Some staff comments to the inspector were as follows:

- “I think the patients are well looked after.”
- “Staff are dedicated and kind to the patients.”
- “The staff all care about the patients.”

A poster was given to the manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. No staff responded within the timeframe for inclusion in this report.

Two patients consulted were complimentary and commented as follows:

- “I like it here.”
- “The staff are kind.”
- “They take good care of me.”

Eight patient and ten patient representative questionnaires were left in the home for completion. Two patient representative questionnaires and one patient questionnaire was returned within the timeframe for inclusion in this report. The questionnaires were positive in all with regard to care delivery and management of the home in three of the domains. One relative was unsatisfied with the unprovoked incidents by another patient to her relative. The relative confirmed that safeguarding arrangements have been put in place for her relative. The patient questionnaire returned the following comments.

- “I like my place.”
- “I like my outings”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The following area was identified for improvement against the standards in relation to assisting patients with their meals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

There were temporary management arrangements in place at the time of the inspection. The deputy manager has just returned from a period of absence. In the interim a support manager from England has been assisting with the management of the home.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was available. Discussion with the manager and review of records and observation evidenced that the home was operating within its registered categories of care.

The manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis.

Discussion with the 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.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, incidents/accidents and medication. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marlene Featherstone, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 18 May 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> • ensuring a soap dispenser is available at an identified sink • sharps boxes should have the aperture closed when not in use • single use syringes should not be reused <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Immediately following inspection a soap dispenser was erected at the identified sink. Spot checks continue by management to ensure the aperture of sharps boxes are closed when not in use. Correct use of single use syringes have been shared with registered Nurses under reflective practice and lessons learnt,</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 45.3</p> <p>Stated: Second time</p> <p>To be completed by: 18 May 2018</p>	<p>The registered person shall ensure that single use syringes are not be reused</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Reflective practice has been carried out by the individual concerned. Outcomes of lessons learnt have been shared at staff meetings.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 18 May 2018</p>	<p>The registered person shall ensure that supplementary care records; for example, food & fluid intake records, reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Rational of why fluid intake may not be recorded during 22:00hrs - 08:00hrs approx is detailed on the fluid intake charts and in care plans.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.14</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2018</p>	<p>The registered person shall ensure that assistance with meals is provided in a discreet, unhurried and sensitive manner.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Follow up dining experience audits completed to ensure expected standards are met.</p>

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



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