



Unannounced Care Inspection Report 23 November 2020



Burleigh Hill House Residential Home

Type of Service: Residential Care Home
Address: 79 North Road, Carrickfergus, BT38 7QZ
Tel No: 028 9336 5652
Inspector: Julie Palmer

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 21 residents.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual(s): Lesley Catherine Megarity	Registered Manager and date registered: Emeliza Insauriga 23 January 2020
Person in charge at the time of inspection: Emeliza Insauriga	Number of registered places: 21 The total number of registered beds will increase to 23 once an identified nursing patient is no longer accommodated in room 44. Category RC-A for 1 identified resident only.
Categories of care: Residential Care (RC) A – Past or present alcohol dependence. I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 19

4.0 Inspection summary

An unannounced care inspection took place on 23 November 2020 from 09.15 to 17.30 hours. Both the residential care home and the nursing homes, which are separately registered but in the same building, were inspected on the same day.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Residents said “they are all very friendly here” and “I would give them 200 percent”.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

The one area for improvement and details of the Quality Improvement Plan (QIP) was discussed with Emeliza Insauriga, 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight residents and four staff. Questionnaires were left in the home to obtain feedback from residents and residents' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 16 to 29 November 2020
- staff training records
- one staff recruitment files
- supervision schedule
- senior care assistant in charge competency assessments
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- two residents' care records
- the current fire risk assessment
- RQIA registration certificate.

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

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 10 December 2019. No areas for improvement were identified as a result of the inspection.

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of residents are met. On the day of the inspection we observed that staffing levels were satisfactory and residents' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to residents' needs in a caring and timely manner. Staff and residents spoken with told us that they were satisfied with staffing levels.

Staff told us that teamwork was good and that, whilst working through the COVID-19 pandemic had been challenging, they were well supported by the management team. Comments included:

- "The teamwork is good, we all work well together."
- "I'm happy here, I like my job."
- "I can speak to Emeliza (manager) or Joy (deputy manager) no problem, the door is always open."
- "The residents really enjoy the interactions and activities."
- "Teamwork is really good."
- "It's up to us staff to keep the residents' spirits up at present. We have to do this especially now as relatives can't just visit the way they used to."

The manager told us that staff compliance with mandatory training was monitored and staff are reminded when training is due. There was a system in place to monitor that staff are registered with the NISCC as required. Review of one recruitment record evidenced that the necessary checks are completed prior to staff commencing work in the home. A supervision schedule was in place.

Senior carers, who take charge in the home in the absence of the manager, have completed competency assessments which are reviewed annually. We could see that one annual medication administration competency review was slightly overdue; the manager told us that a completion date had been arranged for this.

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors have a temperature check on arrival at the home.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home. However, the PPE stations contained vinyl gloves which are not suitable for personal care tasks. We brought this to the attention of the manager who explained that PPE stations had been mistakenly replenished with vinyl gloves and that this would be immediately rectified.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly. The manager told us that staffs' use of PPE was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

Staff told us of the importance of offering residents the opportunity to wash their hands regularly, hand hygiene wipes are available in the dining room and gentle prompts are given to those residents who have memory problems.

6.2.3 The environment and infection prevention and control (IPC) measures

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining room, treatment room, sluice and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Residents' bedrooms were attractively decorated and personalised.

The manager told us that there was a system in place to ensure frequently touched points are regularly cleaned and deep cleaning was carried out as necessary following the current IPC guidelines. Domestic hours have been increased and a domestic assistant is on duty until 20.00 hours each day to facilitate the required IPC measures. Care assistants ensure frequently touched points are cleaned overnight. During the inspection we observed domestic staff cleaning frequently touched points.

All residents and staff have a twice daily temperature check recorded as per the current regional guidance in this area. The manager told us that the Northern Health and Social Care Trust (NHSCT) have been supportive through the COVID-19 pandemic.

6.2.4 Care delivery

Residents looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to residents kindly and with respect. Residents who were in their rooms had call bells within reach. Staff were seen to be attentive to the residents, speak to them kindly and to answer call bells promptly.

The weekly activity schedule was on display and this included time for individual, one to one, sessions for those residents who prefer to stay in their rooms. Activities on offer include baking, karaoke, manicures, hairdressing and making Christmas crafts.

The lounge was comfortable and well equipped with a TV, books, music and DVD's for residents' entertainment.

The dining room was attractively decorated and social distancing measures were in place. Residents who prefer are able to have meals in their rooms. We observed the serving of lunch and could see that the food was well presented and smelled appetising. Staff offered assistance as required and demonstrated their knowledge of residents' likes and dislikes.

Residents spoken with told us that they enjoyed life in the home; comments included:

- "It's good here and nice and clean as well."
- "It's always nice and warm."
- "The staff help me out."
- "I enjoy the activities."
- "The food is brilliant, I love the dinners, there is something different every day."
- "I haven't had any problems."
- "I can't say one bad word about the place."
- "The food is brilliant."
- "I am happy enough with everything."
- "It is very good here. I would recommend it."

Comments made by residents were brought to the attention of the manager for information.

The manager told us that visiting is arranged following the regional guidance in this area. An area has been set up for visiting on the ground floor; relatives make an appointment, enter the visiting area directly and wear appropriate PPE. Residents told us that they were happy with communication in the home and understood why visiting arrangements had to be altered. One resident said he rings his brother whenever he wants as he is unable to visit and that "staff have been good at letting us know what is happening regarding the COVID-19 situation".

6.2.5 Care records

We reviewed care records for two residents and found that these contained relevant risk assessments and individualised social care plans to reflect the assessed needs and direct the care required. An informative and meaningful daily record was maintained to evidence the delivery of care for residents.

There was evidence, in the records reviewed, of regular evaluation and referral to other healthcare professionals such as the dietician or speech and language therapist (SALT) where required.

Deprivation of liberty safeguards (DoLS) have been taken into account in social care plans and staff demonstrated their knowledge of DoLS.

Staff knowledgeably discussed residents' care needs, it was clear they knew them well.

6.2.5 Governance and management arrangements

The manager told us that she felt well supported in her role and that good working relationships are maintained in the home. During the COVID-19 pandemic communication with relatives has

been a priority; in addition to regular telephone calls a weekly update report is sent via email or letter. The manager said relatives have been very understanding of the situation.

Staff are kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home; the audits reviewed contained clear action plans where deficits had been identified. Maintenance checks have continued as normal; a current fire risk assessment was available to view.

Review of records evidenced that there was a system in place to manage complaints. There was also a system in place to ensure that RQIA are notified of accidents/incidents that occur in the home. However, review of accidents/incidents identified that RQIA had not been appropriately notified in all instances. This was discussed with the manager, retrospective notifications were requested and an area for improvement was made.

A separate monthly monitoring report is completed for the residential care home and the nursing home. Monthly monitoring reports reviewed for the residential care home contained the views of residents, relatives and staff. The reports were informative, comprehensive and contained an action plan. During the COVID-19 pandemic the reports had been completed remotely when necessary.

A record of thank you cards and compliments is kept and staff are made aware of these; comments included:

- "Thank you so much for being totally amazing."
- "You are true heroes."
- "Well done to all the staff for protecting our vulnerable relatives."

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, use of PPE, IPC measures, the environment, care provided, treating residents with kindness, the culture and ethos, communication, care records and governance arrangements.

Areas for improvement

An area for improvement was identified regarding notification of all relevant accidents/incidents to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Residents in the home looked well cared for and staff were seen to treat them with kindness and respect. The atmosphere in the home was warm and welcoming.

Following the inspection the manager confirmed that vinyl gloves had immediately been removed from all PPE stations and replaced with the appropriate nitrile gloves. Additionally, the manager confirmed that the identified senior care assistant had completed their annual medication administration competency review as planned. Retrospective notifications were submitted as requested.

7.0 Quality improvement plan

The one area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Emeliza Insauriga, 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that RQIA is informed of all notifiable accidents/incidents appropriately. Ref: 6.2.6 Response by registered person detailing the actions taken: All notifiable accidents and incidents are reported to the RQIA appropriately and this will be monitored closely.

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



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