



Unannounced Care Inspection Report 2 March 2020



Ambassador

Type of Service: Nursing Home
Address: 462-464 Antrim Road, Belfast, BT15 5GE
Tel No: 028 9077 1384
Inspector: Michael Lavelle

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 48 persons.

3.0 Service details

Organisation/Registered Provider: Amstecos Ltd Responsible Individual(s): Emer Bevan	Registered Manager and date registered: Gheorghe Dumitroaia – acting no application required
Person in charge at the time of inspection: Gheorghe Dumitroaia – Nurse in Charge	Number of registered places: 48 A maximum of 2 patients in category NH-A
Categories of care: Nursing Home (NH) A – Past or present alcohol dependence I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 45

4.0 Inspection summary

An unannounced care inspection took place on 2 March 2020 from 10.45 hours to 18.10 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last premises 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 the culture and ethos of the home, maintaining patients' dignity and privacy, and maintaining good working relationships.

Areas for improvement were identified in relation to staff registration with professional bodies, management of personal and oral hygiene, record keeping and lockable storage space.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, visiting professionals and staff during the inspection, are included in the main body of this report.

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	*5	*2

*The total number of areas for improvement includes two under regulation and one under the care standards which have been carried forward for review at a future inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Gheorghe Dumitroaia, nurse in charge, as part of the inspection process and with Amelia Noach, manager, during a phone call on 3 March 2020. 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 16 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 16 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 2 March 2020
- staff training records
- incident and accident records
- three patients' care records

- a sample of governance audits/records
- complaints records
- staff supervision and appraisal planner
- nurse in charge competencies
- a selection of patient care charts including food and fluid intake charts and repositioning charts
- a sample of reports of visits by the registered provider

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or carried forward to the next care inspection.

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 previous inspection dated 16 September 2019

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 20 (1) (c) Stated: First time	<p>The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and review of training records confirmed that mandatory training was ongoing in the home. There was evidence that a training plan was in situ for 2020.</p>	Met
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	Met

	<p>Action taken as confirmed during the inspection: Examination of care records evidenced this are for improvement has been met.</p>	
<p>Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time</p>	<p>The registered person shall ensure that patients have an appropriate assessment and care plan in place to direct staff in the management of wounds. These should be updated to reflect professional's recommendations as required. Care records should accurately reflect ongoing assessment, care delivery and meaningful evaluation.</p> <p>Action taken as confirmed during the inspection: Examination of care records evidenced this are for improvement has been met.</p>	Met
<p>Area for improvement 4 Ref: Regulation 10 (1) Stated: First time</p>	<p>The registered person shall ensure monthly care record audits are completed in accordance with best practice guidance. The audit should consider the quantitative and qualitative aspects of the care records. Any shortfalls identified should generate an action plan to ensure corrective actions are taken, learning is disseminated and the necessary improvements can be embedded into practice.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection
<p>Area for improvement 5 Ref: Regulation 10 (1) Stated: First time</p>	<p>The registered persons must ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40.2 Stated: First time	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with Nursing and Midwifery Council (NMC) guidelines. Care plans, daily records and care plan reviews should be patient centred and meaningful.	Partially met
	Action taken as confirmed during the inspection: Review of a selection of care records evidenced this area for improvement has been partially met. This is discussed further in 6.2. This area for improvement has been partially met and has been subsumed into a new area for improvement under regulation.	

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

Staffing

Discussion with the nurse in charge 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 duty rota for week commencing 2 March 2020 evidenced that the planned staffing levels were in keeping with patients' assessed needs at the time. We asked that the duty rota is signed by the manager or designated representative, is reflective of all staff who work in the home and contains the actual hours worked by each staff member. Governance arrangements around the registration of appropriate staff with the Northern Ireland Social Care

Council (NISCC) were found to be inadequate. We asked that all staff involved in providing care to patients are registered with the appropriate professional body within expected timescales. An area for improvement was made.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Patients and care staff we spoke with expressed no concerns regarding staffing levels in the home.

Care records

Care records for one patient were examined. These were very well completed, and had been fully developed to guide the staff in the delivery of daily care needs. There were records of assessment of patient need, associated risk assessments and patient centred care plans in place to guide staff on a daily basis. Minor gaps in repositioning records were identified. This was discussed with the nurse in charge for action, as required.

We reviewed the management of one patient's personal and oral hygiene needs and found that these had not been managed consistently or in keeping with best practice guidance. For instance, we identified gaps for periods of up to seven days within records relating to the provision of personal care. We discussed this with staff who told us that while personal had been regularly offered to the patient, this was frequently refused. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. In addition, relevant care plans had not been appropriately reviewed and/or updated to reflect the changing needs of the patient in relation to the management of their personal hygiene and oral health. This was discussed with the nurse in charge and the manager; an area for improvement was made.

We acknowledged an improvement since the last care inspection in the development of patient centred care plans.. However, we did see instances where care plans had not been updated in a timely manner. While we saw some good examples of meaningful and personalised care evaluation, the need to ensure that this is done consistently by nursing staff was stressed.

We also found that some care records contained repetitive nursing entries and/or had not been completed contemporaneously. These findings were discussed with the manager who agreed to address the highlighted shortfalls with nursing staff. A new area for improvement under regulation was made.

Care delivery

There was a pleasant and relaxed atmosphere in the home throughout the inspection; staff and patients had cheerful and friendly interactions. Patients were well presented, receiving support with personal care in a timely and discrete manner. Patients were comfortable around staff and in approaching them with specific requests or just to chat.

Staff were knowledgeable and adept at communicating with patients in both verbal and non-verbal styles. Patients who were unable to clearly verbally communicate were content while engaging in their preferred activities. Any signs of discomfort or distress were promptly and effectively addressed by staff.

The staff we spoke with could describe the specific needs, interests and personalities of those who live in Ambassador; the approach and focus of staff clearly reflected the person centred culture and ethos of the home.

The environment

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 clean, warm and fresh smelling throughout. Bedrooms were personalised depending on the needs and wishes of the patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

During review of the environment, we observed that food and fluid thickening agents were not securely stored. The need to ensure that thickening agents are stored appropriately was discussed with the nurse in charge and they agreed to action this immediately. We also observed thickening agent being used communally. We asked the manager to review this practice. Storage and use of thickening agents will be reviewed at a future care inspection.

Observation of practice evidenced deficits in infection prevention and control (IPC) practices specifically relating to hand hygiene and use of personal protective equipment (PPE) for one member of staff. We also observed inappropriate storage of toiletries in some communal bathrooms. This was discussed with the nurse in charge for action, as required.

During the care inspection on 16 September 2019, it was agreed that patients' bedrooms would be audited so as to ensure they had access to a lockable space. Review of patients' bedrooms highlighted that lockable spaces were not available. This was discussed with manager who agreed to review this again. We asked the manager to ensure that if patients declined to have a lockable storage space in their bedrooms, this should be appropriately care planned for. An area for improvement was made.

Consultation

During the inspection we spoke with 11 patients, two visitors, one visiting professional and four staff. Patients said:

"I love it here. It is really comfortable."

"I am happy."

"I like this place. The food is good. I enjoy playing games. We just played bingo."

"I can't say anything bad (about the home)."

Patients' visitors spoke positively in relation to the care provision in the home. They said:

"I am more than happy with the care my relative receives."

"It's a really good home. The staff are all lovely."

The visiting professional spoken with was also complementary about the home. They said:

"They (the staff) know all their (patients), their likes and dislikes and how they manage their challenging behaviours. For those who don't engage in one to one activities, they are very attentive. They put good time into focusing on activity."

Comments from staff spoken with during the inspection included:

“I like the patients and the people I work with.”
 “Everyone is very friendly.”

Management arrangements

Review of records and discussion with staff evidenced some improvements in the governance arrangements which had been made since the last care inspection. As the manager was not present during the inspection we agreed to review governance arrangements at the next care inspection.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the registered provider.

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

Areas of good practice

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patients’ dignity and privacy, and maintaining good working relationships.

Areas identified for improvement

New areas for improvement were identified in relation to registration with professional bodies, management of personal and oral hygiene, record keeping and lockable storage space.

	Regulations	Standards
Total number of areas for improvement	3	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gheorghe Dumitroaia, Nurse in Charge, as part of the inspection process and with Amelia Noach, Manager, during a phone call on 3 March 2020. 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 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure monthly care record audits are completed in accordance with best practice guidance. The audit should consider the quantitative and qualitative aspects of the care records. Any shortfalls identified should generate an action plan to ensure corrective actions are taken, learning is disseminated and the necessary improvements can be embedded into practice.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered persons must ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all staff involved in providing care to patients are registered with the appropriate professional body.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Provision is made for all Care staff to registered with NISCC within six months of their starting with the Home. Support is given by administration staff in this process. It is accepted that NISCC are not managing to register applications in a timely manner resulting in some staff awaiting excessive periods to become registered. Nursing staff are registered with NMC prior to their offer of a post. Auxillary staff such as Housekeeping staff, Domestics and Kitchen Staff are not registered with a professional body.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that appropriate care plans are in place to direct staff in the management of patients' assessed needs and that these are kept under review/updated, as needed. Daily progress notes should also accurately reflect the care being delivered.</p> <p>This area for improvement is made in reference to management of personal hygiene and oral hygiene.</p> <p>Ref: 6.2</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (1) (a) Schedule (3) (k)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The importance of relevant, detailed and person centred information in care plans and nursing notes has been reiterated to all Nursing staff. Adequate training has been provided and the importance of reviewing and updating information has been discussed. Nursing staff have been reminded of the necessity to enter detailed and relevant information for each patient in their care plans and daily progress notes in accordance with NMC guidelines. Nursing staff have been reminded that entering generic information to several care records is unacceptable.</p> <p>The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. All evaluations of care should be meaningful and patient centred.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The importance of relevant, detailed and person centred information in nursing records has been reiterated to all Nursing staff, including nursing interventions, activities and procedures carried out for each patient. Adequate training has been provided and the importance of reviewing and updating information has been discussed. Nursing staff have been reminded of the necessity to enter detailed and relevant information for each patient in their nursing notes in accordance with NMC guidelines. Nursing staff have been reminded that entering generic information to several care records is unacceptable</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: 16 November 2019</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard E20</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2020</p>	<p>The registered person shall ensure that patients are provided with a lockable storage space. Where a patient has declined the provision of such space, this should be appropriately care planned for.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: In compliance with Standard E20, the audit was updated to ascertain which residents wished for a lockable storage space for them to manage rather than the current safe arrangement and, as per the standard, which residents wished otherwise. The results are stored and will be updated as necessitated by new admissions.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care