



Unannounced Care Inspection Report 11 September 2020



Ambassador

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

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: Emer Bevan	Registered Manager and date registered: Ameila Noach – 1 April 2005
Person in charge at the time of inspection: Amelia Noach	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: 41

4.0 Inspection summary

An unannounced inspection took place on 11 September 2020 from 08.30 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection assessed progress with all areas for improvement identified in the home 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.

During this inspection we identified evidence of good practice in relation to the management of infection prevention and control, notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- care delivery
- care records
- dining experience
- governance and management arrangements.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Amelia Noach, registered manager and Emer Bevan, responsible individual, as part of the inspection process and can be found in the main body of the report.

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 and medicines management inspections
- the registration status of the home
- written and verbal communication received since the previous care and medicines management inspections
- the returned QIP from the previous care inspection.
- the previous care inspection reports.

The following records were examined during the inspection:

- staff duty rota from 24 of August to 20 September 2020
- three care records
- three patients' repositioning charts
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- audits of accidents and incidents
- the minutes of staff meetings
- the certificate of registration.

During the inspection the inspector met with eight patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

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 registered manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 02 March 2020.

No further actions were required to be taken following the most recent inspection on 02 March 2020.

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 10 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that monthly care record audits are completed in accordance with best practice guidance. The audits consider the quantitative and qualitative aspects of the care records. Any shortfalls identified generate an action plan to ensure corrective actions are taken, learning is disseminated and the necessary improvements are embedded into practice.	

<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of documentation and inspection of the environment confirmed that robust governance arrangements have been put in place to ensure that the deficits identified in the report have been appropriately actioned.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records and discussion with the responsible individual confirmed there is a process to ensure that all staff involved in providing care to patients are registered with the appropriate professional body.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of patient care records confirmed that appropriate care plans are in place to direct staff in the management of patients' assessed needs and that these are kept under review and updated as required. Daily progress notes reviewed accurately reflected the care being delivered in relation to management of personal hygiene and oral hygiene.</p>		

<p>Area for improvement 5</p> <p>Ref: Regulation 19 (1) (a) Schedule (3) (k)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A review of documentation confirmed that 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. Evaluations of care examined were found to be meaningful and patient centred.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A review of records and discussion with the registered manager confirmed that all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule has been developed, showing completion dates and the name of the appraiser/supervisor.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard E20</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the responsible individual and registered manager confirmed that patients are provided with a lockable storage space if required. It is clearly documented in the patients care record where a patient has declined the provision of such space.</p>	<p>Met</p>

6.2 Inspection findings

6.2.1 Staffing

Discussion with the registered manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 24 August to 20 September 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the registered manager with any nurse who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of team work in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “I am here now eight years. I love it, but it is difficult these days.”
- “All you need is a heart to work here. Experience will come.”
- “We are constantly trained on the rules and regulations about infection control.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all patients and staff had their temperature taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home.

Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual patients.

Dementia friendly décor and furnishings were in place to help patients navigate their surroundings as appropriate. Patients spoken with confirmed they were happy with the home environment.

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients' were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients' appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- "It's lovely you know. We are well looked after in here."
- "I should have come here sooner. Everybody is so good."
- "I am very happy here. It's the same as home only it's not home."
- "The food is just marvellous. There is nearly too much of it."

6.2.4 Care records

Three care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to chest infection, risk of falling and catheter care. The care records included all relevant information and evidenced regular review and evaluation.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. Reviews of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet. Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.6 Governance and management arrangements

The registered manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from March 2020 to August 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports. The infection prevention and control audits were all completed and cleaning schedules were in place.

We reviewed the minutes of staff meetings, we were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

On the day of the inspection we observed that PPE was appropriately worn by staff. Patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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