

Inspection Report

22 February 2024



Ambassador

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

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1.0 Service information

Organisation/Registered Provider: Amstecos Ltd Responsible Individual: Mrs Emer Bevan	Registered Manager: Mrs Amelia Noach Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Michaela Cotiga, Registered Nurse, 09.35am to 11.40am Mrs Amelia Noach, Manager, 11.40am to 5.45pm.	Number of registered places: 48 This number includes a maximum of two patients in category NH-A.
Categories of care: Nursing (NH): 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 A – past or present alcohol dependence TI – terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 42
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 48 persons. Patients' bedrooms are located over three floors. Patients have access to communal lounges, a dining room and a garden area at the rear of the home.	

2.0 Inspection summary

An unannounced inspection took place on 22 February 2024 from 09.35 am to 5.45 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 throughout the inspection in relation to the patient dining experience and communication between patients, patients' representatives, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Two areas for improvement have been identified; in relation to staff recruitment and the provision of staff training.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives, staff and a visiting professional are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Amelia Noach, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients, patients' relatives and staff spoken with provided positive feedback about Ambassador. Patients told us that they felt well cared for, they enjoyed the food and that staff were attentive. Staff told us that the manager was approachable and that they felt well supported in their role.

Patients' relatives told us they were very satisfied with the care provided by staff and the management. They confirmed that they had no issues or concerns with the staff or staffing levels and were confident any issues raised would be addressed.

A patient's relative spoken with commented:

"The staff are great and the manager is approachable and very good. Communication is good as we are kept informed of any changes. There are plenty of activities which Dad likes to attend. We have no concerns at all."

Following the inspection, we received one completed relative questionnaire indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. Comments were shared with the manager. No staff questionnaires were received within the timescale specified.

A visiting professional commented: "Staff are helpful. I have no issues at all."

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 27 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 3 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall provide adequate means of escape by ensuring combustible items are not inappropriately stored under stairwells. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Regulation 30 Stated: First time	The registered person shall ensure that appropriate notifications are submitted to RQIA without delay. This relates specifically to unwitnessed falls within the home. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered person shall ensure that records regarding staff registration with the NISCC are at all times available for inspection in the home by any person authorised by the RQIA. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

Area for improvement 2 Ref: Standard 21 Stated: First time	The registered person shall ensure that accidents, incidents are reported to relevant bodies, specifically the residents' General Practitioner (GP) in accordance with legislation and procedures in relation to unwitnessed falls and a record is maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, evidence was unavailable to review to show that reasons for leaving previous employment and gaps in employment history had been fully explored and explanations recorded during the recruitment process. This was discussed with the manager and an area for improvement was identified.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2023/2024 evidenced that staff had attended training regarding Deprivation of Liberty Safeguards (DoLS), first aid, moving and handling, dysphagia awareness, infection prevention and control (IPC) and fire safety. However, not all staff had completed training regarding food hygiene and control of substances hazardous to health (COSHH). This was discussed with the manager and an area for improvement was identified.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Emer Bevan, Responsible Individual, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy and respect.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding falls were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that observations were recorded for a period of at least twenty-four hours in line with post fall protocol and current best practice.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in both dining areas on the ground floor. The daily menu was displayed on a white board showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for

patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

It was noted that some areas of the home required refurbishment. This was discussed with the manager who confirmed that a refurbishment plan has commenced with recent refurbishment of identified bathrooms and new flooring in a ground floor lounge. The manager told us that contractors are due to visit the home in the near future to access the planned work. This will be reviewed at the next inspection.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Equipment used by patients such as hoists, wheelchairs and shower chairs were noted to be effectively cleaned.

The treatment room, kitchen and the cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Records showed that fire drills had been undertaken by staff at regular intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was

displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as making Valentine's Day decorations, celebrating Pancake Tuesday, pamper days, quizzes, puzzles, arts and crafts.

Review of patients' activity records evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Comments recorded showed that patients enjoyed the activities they attended.

The manager confirmed the home facilitates a patients' forum which gives patients the opportunity to offer suggestions and views on the service. Records showed that patients had met to discuss Christmas celebration planning including a Christmas menu.

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Mrs Amelia Noach has managed the home since 1 April 2005. Discussion with staff and patients' representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls, wounds, care plans, the environment and IPC practices including hand hygiene.

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

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives,

the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Review of complaints records evidenced that systems were in place to ensure that complaints were managed appropriately. Patients and patients' relatives said that they knew who to approach if they had a complaint.

Records reviewed evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships. They spoke highly of the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Amelia Noach, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed by: 22 February 2024	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements. This relates specifically to ensure that reasons for leaving past employment and any gaps in employment records are explored and explanations recorded during the recruitment process. Ref: 5.2.1
	Response by registered person detailing the actions taken: Ambassador Nursing Home pride themselves as being a Fair Employer and adheres to Labour Relations Code of Best Practice. For this reason, dates of employment are not requested on Application forms as this would allow a candidates approximate age to be calculated given employment history.

	During the interview stage employment dates (from and to) for each previous place of employment are discussed including any gaps in employment. A new sheet in addition to the interview notes will now be placed in each file to explore rationale for leaving previous employment and highlight reasoning for any gaps.
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 22 April 2024	The registered person shall ensure that arrangements are in place to ensure that staff are trained for their roles and responsibilities This relates specifically to staff training regarding food hygiene and control of substances hazardous to health (COSHH). Ref: 5.2.1
	Response by registered person detailing the actions taken: The appointment of an In-house Training Manager in January 2024 has been a great asset to the Company. All mandatory training is now centrally controlled and will ensure there are no gaps in training across all sections of the Home. The RQIA Inspector will be notified when COSHH and Food Hygiene are complete.

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



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