



Unannounced Care Inspection Report 7 January 2020



Ballymaconnell

Type of Service: Nursing Home
Address: 48 Ballymaconnell Road, Bangor, BT20 5PS
Tel No: 02891271819
Inspector: Joanne Faulkner

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 provides care for up to 26 patients.

3.0 Service details

Organisation/Registered Provider: Ballymacconnell Private Nursing Home Limited Responsible Individual: Colin Nimmon	Registered Manager and date registered: Fiona McAufield – 10 December 2019
Person in charge at the time of inspection: Fiona McAufield	Number of registered places: 26 The home is also approved to provide care on a day basis for two persons
Categories of care: Nursing Home (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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection took place on 7 January 2020 from 10.00 hours to 17.00 hours.

This inspection was undertaken by the care inspector.

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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver

the care patients' required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Two areas requiring improvement were identified in relation to record keeping and management of incidents.

Patients described living in the home as being a good experience/in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them, visiting professionals and staff during and after 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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Fiona McAufield, registered manager and the regional 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 20 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 August 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 including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them 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 were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. One patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were reviewed during the inspection:

- duty rota information for all staff from 30 December 2019 to 12 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October, November and December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspection(s)

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 14 (2) (a) (c)	The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).	Met

Stated: First time	Action taken as confirmed during the inspection: It was identified that sluice rooms were locked and a keypad system in place to gain access. It was identified that chemicals and cleaning products were stored securely.	
Area for improvement 1 Ref: Regulation 27.4 (c)	The registered person shall ensure that fire exits are kept clear and are free from obstruction.	Met
Stated: First time	Action taken as confirmed during the inspection: All fire exits within the home were viewed at various times throughout the inspection and were noted to be clear and free from obstruction.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements within the home. The home is currently managed by the manager who was registered in December 2019. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff, patients and relatives, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. Discussions with a number of patients and relatives during the inspection identified that they had no concerns about the level of care and support received.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. The

inspector discussed with the manager the need to ensure that the full name of all staff provided is recorded on the rota information.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with patients and relatives demonstrated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They stated that the manager and staff are approachable and always willing to take time to speak with them.

Discussions with staff and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients and could describe the importance of respecting patients' personal preferences and choices. Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful calm and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Observations of patient and staff interactions evidenced that patients were offered choice, staff were observed taking time to sit and chat to patients and provided care in a manner that promoted privacy, dignity and respect. Patients, relatives and a professional consulted with spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. During the inspection call bells were noted to be answered promptly.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Fire doors were alarmed as appropriate.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control, making a complaint, raising concerns, advocacy services and activities planned within the home. In addition, a number of shared areas were noted to be well decorated, clean and uncluttered. The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients.

There were no malodours detected in the home. Compliance with best practice on infection prevention and control (IPC) had been well adhered to. A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used this appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for patients and their visitors.

The maintenance person was observed making checks of the environment in relation to areas that required attention. They described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. It was noted that the first floor had recently been repainted and new floor coverings had been provided in the hallways. A small crack in a pane of glass had been identified and plans were in place for this to be replaced.

6.2.3 Care records

Care records viewed during the inspection were noted to be retained electronically. The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's preferences. Records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans. The electronic system will identify when matters require attention or review such as care plans needing to be reviewed.

Care plans viewed were noted to provide details of the care required by individual patients; they included details of any practice deemed to be restrictive. Staff record daily the care provided to patients; the inspector observed staff inputting the information electronically. Staff described the challenges in becoming familiar with the electronic recording system.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients and relatives, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote independence.

The regional manager described the challenges they had in engaging with keyworkers from the South Eastern HSCT; they stated that keyworkers change frequently. The inspector suggested that the manager discusses this matter with a senior manager in the HSCT. Staff described the benefits of regular reviews for ensuring that the needs of patients were being appropriately met and that risks are identified.

The home has a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of speech and language therapy and dietetic input into the assessment and care planning of patients if required.

It was noted that correction fluid and white sticky labels had been used on a number of occasions on records relating to the staff rota information and incident/accident reports. This was discussed with the manager and an area for improvement identified.

6.2.4 Dining experience

We observed the serving of mid-morning tea and a meal; the staff member serving the mid-morning refreshments did so in a calm, relaxed and unhurried manner taking time to chat to the patients and ensuring they were satisfied with their choice.

The atmosphere in the dining room was calm and relaxed. The dining room was clean and uncluttered and table settings were noted to be well presented with appropriate table coverings, napkins and cutlery. Food served was well presented. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms.

A number of patients spoken with stated that the food was good and confirmed that they had a choice of menu; one patient described how the chef had met with them in order to identify food which they preferred. A relative could describe the efforts staff went to so as to encourage their father to eat.

6.2.5 Activities

A number of patients were observed participating in a musical activity during the inspection. There was evidence that a varied programme of activities is available to patients in the home including art, religious services and music.

6.2.6 Complaints

A review of complaints received since the previous inspection, evidenced that they had been managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 and other relevant legislation. Complaints are audited monthly as part of the quality monitoring audit. It was identified from records viewed that information relating to the investigation of the complaint, the actions taken and outcomes of the complaint are retained.

It was positive to note that a number of compliments had been received by the home; they included:

- “Thank you for all your care, you are making a difference.” (Relative)
- “I am so very grateful for the love and care you showed to my dad and my family.”
- “Thanks for all your help and support during ***** (patient) final peaceful days.”

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last care inspection had been managed in accordance with the home's policy and procedures. It was noted that adult safeguarding matters are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients and relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided.

An adult safeguarding champion has been identified; the regional manager stated that they are in the process of collating the information for the adult safeguarding annual position report for 2019/20.

Staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that on a number of occasions the record did not contain details of those individuals who had been notified of the incident/accident. This was discussed with the manager and an area for improvement identified. It was identified that one incident had not been appropriately

reported to RQIA; the inspector requested that the manager forward the information immediately following the inspection. There was evidence that details of incidents/accidents are audited regularly; the manager stated that this assists in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke to six patients, small groups of patients in the dining room or lounge areas, three relatives, a visiting professional and three staff. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patient's comments

- "Everything is great, they are very good."
- "Staff are excellent, nothing is a bother."
- "Choice of food, the chefs are very attentive."
- "They get me what I want in relation to food."
- "Staff are very attentive to me; I wouldn't want to be anywhere else."
- "Staff answer the buzzer very quickly; normally two come running at the same time."
- "Happy, no complaints."
- "My family come they are happy too."
- "Staff are lovely."
- "Too much food, they are always feeding you."
- "Details of activities are up, the harpist is coming today."
- "Very happy, no concerns; we are looked after well."
- "Staff are great."
- "Couldn't say a bad thing, all good."

Staff comments

- "Happy here."
- "It is busy but the residents are well looked after."
- "Manager approachable."
- "Nice place to work."
- "I would report any concerns to the manager or the regional manager."
- "We try to make them (patients) happy and promote their independence as much as possible."
- "I feel the residents are safe and have choice."
- "Residents can do what they want."
- "All on computer now, take a while to get used to it."

Relatives' comments

- "Happy with my aunt here, they are all very caring."
- "Staff keep us informed if anything happens."
- "Staff are very helpful and attentive."
- "Very happy with the care, no problems. Staff are very caring."

- “No issues, the staff are great and the food is good.”
- “No concerns this is a great place. If I had a problem I would speak to ***** (manager).”
- “***** (patient) is well cared for.”
- “No issues, they help dad with anything.”
- “Problem getting him (dad) to eat; staff work well and try their best with him.”
- “Staff are great, approachable and friendly.”
- “Staff are attentive.”

A visiting professional stated that staff are very approachable and are interested in implementing what they recommend. The indicated that staff keep them informed of any changes in the needs of the patients.

Patients and relatives stated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas; they were encouraging and supporting the patients to be involved in an organised activity. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed, welcoming atmosphere in all areas within the home.

Discussion with patients, relatives, the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; one response was received prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led.

Comments received:

“As a friend of a resident who I frequently visit, I have no doubt that he’s well cared for. Any niggles are very minor. Best home of the three/four I’ve visited.”

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The inspector viewed a sample of audits completed monthly that are in accordance with best practice guidance. The regional manager stated that they had been supporting the manager with the completing of recent audits.

The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The inspector reviewed records that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan is generated to address any areas for improvement. The

records indicated engagement with patients, and where appropriate their representatives; the inspector discussed the benefits of recording comments made by those people engaged with. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding referrals, environmental matters, wound management and complaints.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

Two areas for improvement were identified in relation to record keeping and the management of incidents/accidents.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona McAufield, registered manager and the regional 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 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 37.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</p> <p>This relates specifically to the use of correct fluid and white sticky labels in records retained.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements. Correction fluid and white sticky labels will not be used on records. All staff have been informed and are aware.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all accidents, incidents, communicable diseases and deaths occurring in the nursing home are reported to the RQIA and other relevant organisations in accordance with legislation and procedures and a record is maintained.</p> <p>This relates specifically to a record being maintained of those organisations informed following the occurrence of an accident/incident.</p> <p>Ref: 6.2.8</p>
	<p>Response by registered person detailing the actions taken: All relevant reportable accidents and incidents will be reported to RQIA and other relevant organisations. All communicable diseases and deaths occurring in the nursing home are reported to RQIA and other relevant organisations. Staff have been updated on what needs reported to RQIA. This is monitored in Regulation 29 visits, and was already identified before the recent RQIA inspection.</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