

Unannounced Care Inspection Report 7 April 2016



Ballymacconnell

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Inspector: Karen Scarlett

1.0 Summary

An unannounced inspection of Ballymaconnell took place on 7 April 2016 from 09.25 to 14.45 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One requirement has been made in relation to infection prevention and control. Two recommendations have been made in relation to moving and handling training and health and safety.

Is care effective?

One recommendation has been made in regards to record keeping.

Is care compassionate?

No areas for improvement were identified.

Is the service well led?

A requirement regarding the updating of policies has been stated for a second time. Issues were also identified, within two of the other domains, with infection control, staff training, fire risk assessment and record keeping.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2*	3

*The total number of requirements includes one requirement, in relation to review of policies, which has been stated for the second time.

Details of the QIP within this report were discussed with Elizabeth Doak, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection on 17 April 2015.

Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organisation/registered person: Chester Homes Ltd. Responsible Individual: Colin Nimmon	Registered manager: Elizabeth Doak
Person in charge of the home at the time of inspection: Elizabeth Doak	Date manager registered: 19 August 2013
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 26

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned quality improvement report (QIP) from the previous care inspection
- pre-inspection assessment audit

The inspector met with four patients individually and with the majority of others in groups, three care staff, one registered nurse, two ancillary staff and one patient's representative.

The following records were examined during the inspection:

- staff duty rota from 28 March 2016 until 10 April 2016
- one recruitment file
- staff training records
- accident and incident records
- three patient care records
- minutes of staff meetings held this year
- handover records
- complaints records
- a selection of audits
- monthly quality monitoring reports for February and March 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection dated 17 April 2015

The most recent inspection of the home was an unannounced care inspection on 17 April 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 17 April 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First Time</p>	<p>The registered persons must ensure that the infection prevention and control issues identified in the report are actioned as required.</p> <p>This matter was raised in the urgent action report at the conclusion of the inspection.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>At the previous inspection issues had been identified with the use of a “back trolley” and this practice had ceased. A specified bath mixer tap also required repair and the maintenance worker and registered manager confirmed that this work had been carried out.</p> <p>The linen cupboards were inspected and only one of them was noted to have a few items of bedding on the floor. The manager agreed to address this again with staff.</p> <p>This requirement has been met.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 13(1) (a)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that a policy and procedure is maintained to reflect current regional guidelines for each of the following areas;</p> <ol style="list-style-type: none"> 1. Palliative and end of life care 2. Death and Dying 3. Communication to include breaking bad news <p>Action taken as confirmed during the inspection:</p> <p>Polices had been reviewed in May 2015 in relation to palliative and end of life care and breaking bad news.</p> <p>These were reflective of current best practice guidelines. The procedure for death and dying had not been reviewed since April 2011.</p> <p>This requirement has been partially met and has been stated for a second time in relation to the review of the procedure for death and dying.</p>	<p>Partially Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>It is recommended that staff induction records and competency and capability assessments include reference to the following;</p> <ol style="list-style-type: none"> 1. Palliative and end of life care 2. Communicating effectively including breaking bad news <p>Action taken as confirmed during the inspection:</p> <p>The induction and competency and capability assessments had been updated to reflect the areas stated above.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</p>	<p>It is recommended that end of life care and after death wishes are discussed and outcomes fully recorded in the patient's care records.</p> <p>Action taken as confirmed during the inspection:</p> <p>In the care records reviewed the end of life care and after death wishes were included in detailed care plans.</p> <p>This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>It is recommended that written guidance on end of life support / bereavement support is provided for staff and patient’s representatives.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Written guidance and contact numbers for bereavement support services were available in the reception area of the home, along with a notice to speak to the manager at any time in relation to these issues.</p> <p>This recommendation has been met.</p>	

4.3 Is care safe?

The registered manager 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 staffing rota for week commencing 28 March until 10 April 2016 evidenced that the planned staffing levels were adhered to. One patient did comment on the use of agency nurses in the home and whether or not they would know what action to take if there was a fire. This was discussed with a registered nurse and the registered manager. It was confirmed that the registered manager had created a folder with relevant information and emergency contact numbers, including on-call numbers for use by agency or newly inducted staff. Induction and competency records for agency staff were also reviewed and these had been completed appropriately to include actions to be taken in the event of a fire.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients’ needs were met by the numbers and skill mix of staff on duty. However, one member of staff returned a questionnaire following the inspection and stated that they did not have the “time to communicate properly with residents.”

Discussion with staff and review of one recent recruitment record evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training schedule for 2016 and notices on the staff notice board indicated that training was planned to ensure that mandatory training requirements were met. One care assistant spoke with the inspector and stated that “there is training all the time.” However, a review of training records for 2015 and 2016 found that safe moving and handling training had not been completed for the majority of staff. A recommendation has been made that this is completed.

Observation on the day evidenced that patients were being moved in a caring and safe manner. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately

managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current safeguarding concerns ongoing.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were established to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A random sample of records pertaining to accidents was reviewed from November 2015 until March 2016. This indicated that incidents and notifications forwarded to RQIA were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, it was noted that toileting slings were being hung together on a hook near the lounge and that these were not being effectively decontaminated between use. A requirement has been made in this regard.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, it was noted that an extension cord reel was brought in each week by the hairdresser. In discussion with the manager it was apparent that this had not been appropriately risk assessed or tested. The cord was plugged in to a patient's bedroom and ran down the corridor presenting a potential tripping hazard. A recommendation has been made and the aligned estates inspector was informed following the inspection for information and action as appropriate.

Areas for improvement

A requirement has been made that the registered persons ensure that toileting slings are appropriately decontaminated between use or provide toileting slings for individual patient use in accordance with best practice in infection prevention and control.

A recommendation has been made that the registered persons ensure that staff receives up to date training in safe moving and handling.

A recommendation has been made that the registered persons review the current arrangements for the provision of an electrical supply to the room currently used for hairdressing, to ensure this is maintained in accordance with current health and safety and fire safety guidelines.

Number of requirements	1	Number of recommendations:	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. The patient care records reviewed evidenced that registered nurses assessed planned, evaluated and reviewed care in accordance with NMC guidelines. It was noted that care plans were not being appropriately discontinued and/or archived when required. For example, care plans were still in place for wounds which had healed.

In addition, in one record it was noted that a dose of medication had been overwritten to reflect a change. This is not in accordance with best practice in record keeping. A recommendation has been made.

Patient records were stored securely in a locked office in order to maintain confidentiality.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. A written handover template was available to staff and included relevant information on each patient's condition. This was completed at each shift change. There were also communication books available to staff to pass on pertinent information, one for care assistants and one for registered nurses. However, one staff member returned a questionnaire and was of the opinion that the communication amongst the care team required improvement. This information was discussed with the registered manager following the inspection for her information.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioners' (GP), SALT, dietician, TVN. There was evidence that these referrals were followed up as required. The home were also involved in a dietetic "virtual ward round" programme in which the local Trust assisted the home with advice regarding patients' nutritional needs. The registered manager commented positively on the value of this.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager and regional manager if required. However, one staff member returned a questionnaire and was of the opinion that concerns were slow to be reacted to and there were not enough team meetings. This was discussed with the registered manager following the inspection for her information. She agreed to discuss this further with staff.

All grades of staff consulted by the inspector clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives also knew the registered manager and stated that she often spoke with them and operated an "open door" policy.

Areas for improvement

A recommendation has been made that the registered persons ensure that information in care records is up-to-date and accurate and maintained in accordance with good practice and legislative requirements.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. For example, one care assistant was overheard offering patients a choice of television channel. One patient was facilitated to go out in a wheelchair taxi for their weekly outing. Staff were noted to be joking along with patients and good relationships were evident. Two care staff were observed hoisting a patient from their chair. This was done gently, with great care and explanations and reassurances given.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The views of patients and relatives were sought during the monthly quality monitoring visits and these comments were included in the monthly reports for February and March 2016 which were reviewed. A summative report of feedback from patients and their representatives was requested from the registered manager. This was not yet available and there had been not recent formal consultation process undertaken. This was discussed with the registered manager and it was agreed that this would be completed.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

One patient stated:

"We are well fed. It (the home) couldn't be better."

Two relatives/patient representatives returned questionnaires following the inspection. Both respondents expressed satisfaction with the care provided. However, one questionnaire respondent was of the opinion that due to staffing levels patients had to wait when requesting assistance and also that they were “rarely” kept up to date with the condition of their relative. These concerns were discussed with the manager for her information following the inspection.

Areas for improvement

No areas for improvement were identified.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Staff were able to identify the person in charge of the home and this was clearly indicated in the duty rotas reviewed.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was displayed but was found to have expired on 31 March 2016. This was discussed with the registered manager, who telephoned their head office on the day of the inspection. The representative at head office confirmed that appropriate insurance cover was in place however they were awaiting an updated certificate from the insurance company. It was agreed that confirmation would be sent to RQIA once this was available and an email was sent to RQIA on 13 April 2016 with a copy of the up to date certificate attached.

Discussion with the registered manager and observation evidenced that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered person. Staff confirmed that they had access to the home’s policies and procedures. A requirement regarding review of the death and dying procedure has been stated for a second time as discusses in section. The need to review policies at least three yearly was emphasised to the registered manager.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and their representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was.

A review of notifications of incidents to RQIA during the previous inspection year and since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. A monthly

audit schedule was in place and included wound management, care records, infection prevention and control, environment and restrictive practices. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, it was concerning that the infection control audits had not identified the issue with the toileting slings. As previously stated, a requirement has been made regarding this.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriately, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly Regulation 29 monitoring visits were completed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care standards for Nursing Homes 2015. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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

Areas for improvement

No requirements or recommendations were made in relation to the well led domain. However, a requirement regarding the updating of policies has been stated for a second time. Issues were also identified, within two of the other domains, with infection control, staff training, fire risk assessment and record keeping which impacted on the quality of a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Elizabeth Doak, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 30 May 2016</p>	<p>The registered persons must ensure that a policy and procedure is maintained to reflect current regional guidelines for each of the following areas;</p> <ul style="list-style-type: none"> • Death and Dying <p>Ref: Section 4.2</p> <p>Response by registered person detailing the actions taken: The policy on Death and Dying is currently being updated.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2016</p>	<p>The registered persons must ensure that toileting slings are appropriately decontaminated between use or provide toileting slings for individual patient use in accordance with best practice in infection prevention and control.</p> <p>Ref: Section 4.2</p> <p>Response by registered person detailing the actions taken: Following advice sought from relevant bodies, toileting slings are being appropriately decontaminated between usage. Also 2 x new toileting slings are being purchased.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered persons should ensure that staff receives up to date training in safe moving and handling.</p> <p>Ref: section 4.3</p> <p>Response by registered person detailing the actions taken: Training date has been scheduled and staff are aware of their responsibility to attend this training</p>
<p>Recommendation 2</p> <p>Ref: Standard 47, criterion 1</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>The registered persons should review the current arrangements for the provision of an electrical supply to the room currently used for hairdressing, to ensure this is maintained in accordance with current health and safety and fire safety guidelines.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: Quotation has been sought for the instalation of an electrical supply closer to the room currently being used for hairdressing, awaiting approval for work to be carried out.</p>

<p>Recommendation 3</p> <p>Ref: Standard 37, criteria 4 and 5</p> <p>Stated: First time</p>	<p>The registered persons should ensure that information in care records is up-to-date and accurate and maintained in accordance with good practice and legislative requirements.</p> <p>Ref: Section 4.4</p>
<p>To be completed by: 7 May 2016</p>	<p>Response by registered person detailing the actions taken: All nursing staff have been informed of their responsibility in maintaining care records accurately and ensuring that they are kept up-to-date, as per NMC guidelines.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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