

Unannounced Care Inspection Report 8 December 2016



Ballymaconnell

Type of Service: Nursing Home
Address: 48 Ballymaconnell Road, Bangor, BT20 5PS
Tel no: 028 9127 1819
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ballymacconnell took place on 8 December 2016 from 09.50 to 16.45 hours.

The inspection sought to assess progress with any issues raised during and 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. On this occasion we were accompanied, on inspection, by a lay assessor. Please refer to section 4.5 for further detail.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. We examined staffing levels and the duty rosters and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal, staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

A recommendation was made in relation to infection prevention and control procedures as some equipment in the home evidenced signs of wear and tear. In discussion the area manager stated consideration was being given to adding additional facilities to the home. However, should the proposals for the environment of the home not progress the upgrading of some areas, for example the carpeting, should occur. A recommendation has been made that an action plan is submitted to RQIA outlining a rolling programme of refurbishment of the identified areas of the home.

Is care effective?

We reviewed the systems and processes in place which support effective care delivery.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals. . Patients and staff were of the opinion that the care delivered was effective.

There were no requirements or recommendations made.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Systems were in place to ensure that patients, and relatives, were involved and communicated with regarding issues affecting them.

A recommendation has been made that the notice boards used in the home for informing patients and visitors of useful and pertinent information should be replaced as the current notice boards are aged and the information was not eye catching or easy to read.

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within the categories of care for which they were registered and in accordance with their Statement of Purpose and Patient Guide.

Staff spoken with were knowledgeable regarding the line management structure and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty

There was clear evidence that systems were in place to monitor and report on the quality of nursing and other services provided.

There were no requirements or recommendations made.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (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 medicines management inspection undertaken on 25 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Colin Nimmon Chester Homes Ltd	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

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- 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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with three care staff, one registered nurse, the activities coordinator, visiting hairdresser and domestic and catering.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records for 2016
- accident and incident records
- audits in relation to for example; care records, infection prevention and control procedures and falls
- complaints received since the previous care inspection
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 7 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (1) (a) Stated: Second time	<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 	Met
	<p>Action taken as confirmed during the inspection: A review of policy documentation confirmed that the required policy on death and dying was reflective of current best practice.</p>	
Requirement 2 Ref: Regulation 13 (7) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that new toileting slings had been purchased and staff were made aware of best practice in infection prevention and control procedures regarding decontamination.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: First time	The registered persons should ensure that staff receives up to date training in safe moving and handling.	Met
	Action taken as confirmed during the inspection: A review of staff training records and discussion with staff evidenced that 90 percent of staff had completed training in safe moving and handling from the time of the previous inspection of 7 April 2016.	
Recommendation 2 Ref: Standard 47, criterion 1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: We viewed the room used for hairdressing. Alternative arrangements for the electrical supply to meet the additional use of the room had been put into place.	
Recommendation 3 Ref: Standard 37, criteria 4 and 5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Three care records were reviewed. Evidence was present that care records were maintained in accordance with professional standards and legislative requirements.	

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 roster for weeks commencing 28 November and 5 December 2016 evidenced that the planned staffing levels were generally adhered to. In addition to nursing and care staff staffing rosters it was confirmed that ancillary were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. One staff member responded via questionnaire, "A few workers have left and were are waiting for new ones to start soon but we remain short staffed." One patient commented, "Not enough staff and toileting time is not available on demand." Please refer to section 4.5 for further detail.

The staffing arrangements were discussed with the registered manager who stated that a registered nurse had recently left which had resulted in the registered manager working in a nursing capacity until such times as a registered nurse was recruited. The registered manager stated that when there was a full complement of registered nurses she was able to work in a supernumerary capacity.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff's training attendance in respect of; adult safeguarding procedures, moving and handling and fire safety were reviewed. Training records evidenced that 96 percent of staff had completed training in fire safety, 90 percent in moving and handling and 69 percent in adult safeguarding procedures. The area manager reviews the training requirements of staff on a monthly basis and further training regarding adult safeguarding is scheduled for the near. Observation of the delivery of care evidenced that training had been embedded into practice.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. There had been no adult safeguarding referrals to the health and social care trust this year.

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 in place 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.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since April 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room/s and storage areas. The home was found to be warm, fresh smelling and clean throughout. An issue arose in respect of infection prevention and control measures of some equipment, for example in a toilet adjacent to the downstairs lounge, evidenced rust on chrome work and the pull cord was not protected. A recommendation has been made that the registered manager reviews all equipment in use to ensure the condition of the equipment is in accordance with infection prevention and control guidance. Two sluice rooms were also unlocked; the registered manager must ensure staff are informed sluice rooms should remain locked at all times. The area manager informed that proposals were being considered regarding the environment and this would include a refurbishment of many areas of the home. This would be a positive step as whilst the home was spotlessly clean and comfortable areas such as some carpeting and furnishings would benefit from replacement/upgrading. Should management decide not to progress with the proposed major works in the home an action plan detailing the internal upgrading of the environment should be submitted to RQIA and a recommendation has been made. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

All equipment should be reviewed to ensure the condition of the equipment is in accordance with infection prevention and control guidance. Sluice rooms should remain locked and/or inaccessible to patients.

An action plan detailing the internal upgrading of the environment should be submitted to RQIA should the proposed major works to the home not take place.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

A 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. Risk assessments informed the care planning process and there was a system in place to ensure that the care plans were developed in consultation with the patient and/or their representative.

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. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Supplementary care charts, such as repositioning records and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

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.

Discussion with the registered manager and a review of the minutes confirmed that staff meetings were held on a regular basis or more often if required.

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 the registered manager.

The serving of the midday meal was observed. Tables were set with cutlery, condiments and napkins and the meal service and presentation was observed to be organised, calm and not rushed in any manner. Those patients who had their lunch in the lounge or bedroom were served their meal on a tray which was set with cutlery and fluids and the meal was covered prior to leaving the dining room on all occasions. Patients individual preferences for condiments was respected and there was an abundance of tomato and brown sauce readily available for patients. The review of the record of menu choice and discussion with the chef confirmed that patients who required a modified diet were afforded choice at mealtimes.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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. 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.

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. The activities coordinator discussed how she spent time on a one to one basis with those patients who preferred to remain in their bedrooms or who were on continuous bed rest. This is good practice.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Ballymacconnell is a small home and as such staff have an in depth knowledge of individual patients. One patient commented, "The (manager) sees to everything I need." The review of the monthly monitoring reports undertaken by the area manager evidenced that the views of patients and relatives were sought at each visit. There were information/notice boards in various locations throughout the home. However, the information boards were difficult to read and to facilitate more effective communication consideration should be given to replacing the existing boards with a more user friendly style whereby the information is clear and easy to read. A recommendation has been made.

During the inspection we met with 10 patients, three care staff, one registered nurse, activities coordinator, visiting hairdresser and domestic and catering staff. We also issued ten questionnaires to staff and relatives respectively; and eight questionnaires were issued to patients. Four staff and four patients had returned their questionnaires, within the timeframe for inclusion in this report. Some comments received are detailed below:

Staff

"This is a small home, cosy and everyone knows the patients."

"There is not enough staff."

"Staff aren't staying."

Patients

"Staff are very good."

"I'm well looked after."

The returned questions from patients and staff confirmed that they were either satisfied or very satisfied with the delivery of safe, effective and compassionate care. Staff and patients were also either satisfied or very satisfied that the service was well led.

Lay Assessor's comments

The lay assessor provided feedback to the registered manager and stated they found the visit to the home to be a positive experience, there were no major issues of concern raised by patients and that patients were satisfied with the standard of care afforded to them.

Areas for improvement

The existing information/notice boards in the home should be replaced with a more user friendly style whereby the information is clear and easy to read

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was displayed appropriately. A certificate of public liability insurance was current and displayed.

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. Staff and patients spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the manager was

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. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. 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.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated following each monitoring audit to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plans had been addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that all equipment is reviewed to ensure the condition of the equipment is in accordance with infection prevention and control guidance. Sluice rooms should remain locked and/or inaccessible to patients.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: All equipment is reviewed on a regular basis - awaiting delivery of new toilet frame. Sluice room remains locked when not in use.</p>
<p>Recommendation 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should submit an action plan detailing the internal upgrading of the environment to RQIA in the event of the proposed major works to the home not taking place.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: See attached Action Plan</p>
<p>Recommendation 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that the existing information/notice boards in the home should be replaced with a more user friendly style whereby the information is clear and easy to read</p> <p>Ref: section 4.5</p> <p>Response by registered provider detailing the actions taken: Notice board has been ordered - awaiting delivery</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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