

Inspection Report

10 February 2022



Ballymaconnell

Type of service: Nursing

Address: 48 Ballymaconnell Road, Bangor, BT20 5PS

Telephone number: 028 9145 3759

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Electus Healthcare 2 Limited Responsible Individual Mrs Hazel McMullan	Registered Manager: Mrs Fiona McAufield Date registered: 10 December 2019
Person in charge at the time of inspection: Mrs Fiona McAufield	Number of registered places: 26
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
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 26 patients. Patients' bedrooms are located over two floors. Patients have access to a communal lounge and the dining room.	

2.0 Inspection summary

An unannounced inspection took place on 10 February 2022 from 10.35 am to 5.10 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 in relation to care delivery and maintaining good working relationships.

Seven areas for improvement have been identified in relation to care plans regarding pressure relieving mattresses and the display of the activity programme. The total number of areas for improvement includes five which are carried forward for review at the next inspection.

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 seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed 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 and staff 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 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 and 'Tell Us' cards 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 Caron McKay, Area Manager and Mrs Fiona McAufield, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four patients individually, small groups of patients in the dining room and lounge, two patients' relatives and four staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received four completed relative questionnaires. All returned questionnaires indicated that they were satisfied or very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

The following comments were recorded:

"I cannot fault the care and attention given to ... by all the staff and in particular their manager, Fiona."

"I applaud the effort made by the management and staff through the pandemic."

"A caring and supportive environment in which my father appears to be very happy."

A relative indicated that staff interaction with patients could be better. This comment was shared with the manager post inspection.

Two relatives spoken with commented:

"We're happy with the care and couldn't fault it. The manager and staff are great. The manager is approachable and accommodating. We have no issues at all."

"I like the homeliness of the home and staff always have time for you. They are willing to listen and I have confidence that if I had any concerns they would be addressed quickly."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you to a lovely caring team of people. I appreciate everything you did for my Mum."

5.0 The inspection

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

The last inspection to Ballymacconnell was undertaken on 14 July 2021 by a Pharmacist Inspector.

Areas for improvement from the last inspection on 14 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall review and revise the recording systems in place for the management of distressed reactions as detailed in the report.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are available for administration as prescribed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address shortfalls should be implemented.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that any discrepancies in the hospital discharge information are followed up without delay to ensure that medicines are administered in accordance with the correct directions.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 28 Stated: First time	The registered person should ensure that obsolete personal medication records, warfarin dosage directions and insulin regimens are cancelled and archived.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, qualification evidence was unavailable to view. This was discussed with the manager who advised she would address the issue and that she was assured that the staff member was appropriately qualified for the role.

Information received by RQIA, on 11 February 2022 from the manager, confirmed that the staff member was suitably qualified for their role.

We discussed the provision of mandatory training 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 staff training records for 2021 evidenced that staff had attended training regarding adult safeguarding, moving and handling, behaviours that challenge and data protection. The manager advised that training has been arranged for 2022 regarding infection prevention and control, human rights, first aid and fire awareness.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally 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 manager's hours, and the capacity in which these were worked, were clearly recorded.

Two staff members spoken with commented:

"All's good. Fiona (manager) is supportive, approachable and fair. I had good training for my role and I'm pleased to be part of a good staff team."

"The manager is approachable and supportive. I have everything I need to do my job and I have no issues at all."

Staff told us that the patient's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Two patients spoken with said:

"I'm very happy at Ballymacconnell. The staff are very good and I've no concerns."
"I've no complaints. The staff are great and look after me well. The care's the very best. There's no place like home but I'm happy here."

5.2.2 Care Delivery and Record Keeping

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

Care records were reviewed in relation to mobility and the use of pressure relieving mattresses. Records regarding mobility were well documented and regularly reviewed by staff. However, it was noted that for one patient, a care plan or risk assessment for the use of a pressure relieving mattress was unavailable to view. This was discussed with the manager and an area for improvement was identified.

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.

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 patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to residents discreetly.

The manager advised that staff and patient meetings were held on a regular basis. Minutes were available.

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 the dining room. 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 appetising 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. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. 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. The daily menu was displayed in the dining room on a white board showing patients what is available at each mealtime. Patients said that they enjoyed lunch.

Two patients spoken with said:

"All's well. I've no problems and I'm well looked after. The food's good and there's a good choice."

"They treat me the very best. The staff are nice and helpful and the food's good. In fact they give you too much."

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, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices.

The treatment room, sluice rooms and cleaner's 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. A fire alarm test was completed by the maintenance man during inspection.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

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 were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

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 their time in their room and staff were observed supporting patients to make these choices.

There was a range of activities provided for patients by staff. Discussion with staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities, such as memory games, spot the difference and puzzles. Observation of the patients' activity book evidenced that it was well recorded. However, it was noted that the activity notice board had not been completed in order that patients know what is scheduled. An area for improvement was identified.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. 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 has been a change of provider. RQIA were notified appropriately. Management arrangements remain the same. Mrs Fiona McAufield has been the registered manager of the home since 10 December 2019.

Discussion with staff, patients and their 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 manager advised that day care is not provided at present due to restrictions during the pandemic and confirmed that the home was operating within the categories of care registered.

A review of records 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).

A selection of competence and capability assessment records for trained staff were reviewed regarding Nurse in Charge and medication competency. Records viewed were noted to be dated and signed by the manager.

Review of staff supervision and appraisals evidenced that they had commenced for 2022. The manager advised they are ongoing and that arrangements are in place 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 Deprivation of Liberty Safeguards (DoLS) training and infection prevention and control (IPC) practices.

It was established that 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' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. They were aware of how to raise any concerns or worries about patients, care practices or the environment. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. They commented positively about the manager and described her as supportive, approachable and fair.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	3*

* the total number of areas for improvement includes five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Caron McKay, Area Manager and Mrs Fiona McAufield, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall review and revise the recording systems in place for the management of distressed reactions as detailed in the report. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that medicines are available for administration as prescribed. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address shortfalls should be implemented. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that any discrepancies in the hospital discharge information are followed up without delay to ensure that medicines are administered in accordance with the correct directions. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for Improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection</p>	<p>The registered person should ensure that obsolete personal medication records, warfarin dosage directions and insulin regimens are cancelled and archived.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection</p>	<p>The registered person shall ensure that care plans and risk assessments are in place for the use of pressure relieving mattresses.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All nurses have been instructed to ensure where pressure relieving mattresses are in use that they are correctly care planned. Care plans should include the setting to which the mattress should be set for the individual resident. Nurses are reminded during flash meetings and morning handover. Care plans of those residents on pressure relieving mattresses will be reviewed randomly during the reg 29 visit by the Operations Manager for compliance. The home manager will also complete care plan audits and review the compliance of the care plans.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed: From the date of the inspection</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that patients know what is scheduled.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: The Home Manager will ensure that the daily activity plan is clearly presented on the activity board to ensure all residents are aware of the planned activity each day. This will be reviewed by the Operations Manager during the reg29 visit for compliance. Any member of the Senior Management Team who visits the service will also observe to ensure consistent compliance.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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