

Inspection Report

13 October 2022



Ballymaconnell

Type of service: Nursing

Address: 48 Ballymaconnell Road, Bangor, BT20 5PS

Telephone number: 028 9127 1819

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Electus Healthcare 2 Ltd Registered Person/s OR Responsible Individual Mr Edmund Coyle	Registered Manager: Mrs Fiona McAufield Date registered: 10 December 2019
Person in charge at the time of inspection: Ms Amanda Horne, Registered Nurse	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: 18
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 13 October 2022 from 09.55 am to 5.15 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.

Eight areas for improvement have been identified in relation to staff training and development plans, completion of repositioning charts and competency and capability assessments. 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, Operations Manager and Ms Amanda Horne, Registered Nurse, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with six patients individually, small groups of patients in the lounge and dining room, two patients' relatives and seven 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.

Patients' relatives spoken with complimented the manager and staff for their support, good care and effective communication. Both relatives told us they had no issues but if they had they would discuss them with the manager or staff and would be confident any concerns or issues would be addressed promptly.

Following the inspection no responses to questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

5.0 The inspection

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

Areas for improvement from the last inspection on 10 February 2022		
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.	

Area for Improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that care plans and risk assessments are in place for the use of pressure relieving mattresses.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that care plans and risk assessments are in place for the use of pressure relieving mattresses.	
Area for Improvement 3 Ref: Standard 11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The programme of activities was noted to be displayed in a suitable format in an appropriate location in order that patients know what is scheduled.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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. Mrs Caron McKay, Operations 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.

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 2022 evidenced that staff had attended training regarding first aid, adult safeguarding, Deprivation of Liberty Safeguards (DoLS), dementia awareness, falls prevention and fire safety. However, a training and development plan was unavailable to view to reflect the training needs of individual staff. This was discussed with the operations manager and the nurse in charge and an area of improvement was identified.

The operations manager confirmed that face to face fire training, moving and handling and adult safeguarding has been arranged for November 2022.

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

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

Review of patients' supplementary charts who require assistance to be repositioned, showed for one patient that there were gaps in the recording of the delivery of care. The chart showed that the frequency of repositioning and the time recorded was inconsistent. A selection of records showed that on occasion, the signature of only one staff member had been recorded when two staff were required to assisted the patient to reposition. This was discussed with the operations manager who advised she would address the matter with staff 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 patients discreetly.

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 main dining room. The daily menu was displayed on a menu board showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms.

There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Patients were observed to be offered a selection of drinks, fruit, cake and biscuits from the mid-morning and mid-afternoon tea trolley by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

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

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. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as walking aids and hoists were seen to be clean and well maintained.

It was noted that the carpet in the corridor of the first floor was stained and required to be cleaned and a wardrobe door in an identified patient's room was in significant disrepair. This was discussed with the operations manager who advised she would address the matter.

Correspondence received on 9 November 2022 from the operations manager confirmed a replacement wardrobe has been ordered and the carpet has been deep cleaned by staff. An arrangement has been made for the carpet to be professionally cleaned.

The kitchen, treatment room and sluice rooms were observed to be appropriately locked when staff were not present.

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.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home.

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

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as armchair aerobics, puzzles, games, arts and crafts.

Review of the activity book evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part.

A patient spoken with commented:

"I really enjoy puzzles and attending the quizzes".

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

Mrs Fiona McAufield has been the registered manager of the home since 10 December 2019 and was unavailable on the day of inspection.

Staff were able to identify the person in charge of the home in the absence of the manager. Mrs Caron McKay, Operations 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 competency and capability assessment records for trained staff were reviewed. It was established that the home lacked a robust system for maintaining competency/capability assessments for staff left in charge of the home, during the manager's absence. We reviewed five staffs' competency/capability assessments. It was noted that not all registered nursing staff had completed these assessments during 2022.

This was discussed and confirmed by the operations manager. An area for improvement was identified.

Review of staff supervision and appraisals evidenced that they had commenced for 2022. The operations 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 operations 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 the patient dining experience, weights, wounds and infection prevention and control (IPC) practices including hand hygiene.

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.

Review of records evidenced that patient, patient representative and staff meetings were held on a regular basis. Minutes of meetings were available. The operations manager advised that patient, patient representative and staff meetings had been arranged for October 2022.

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 and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

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

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

* 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, Operations Manager and Ms Amanda Horne, Registered Nurse, 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.

<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (4)</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 any discrepancies in the hospital discharge information are followed up without delay to ensure that medicines are administered in accordance with the correct directions.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<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 39</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection</p>	<p>The registered person shall ensure there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A training matrix is now in place on share point, this matrix is updated each time training is completed to show an overview of the training for every individual staff member. The home also uses an online training platform, this is automatically updated each time a staff member completes a module. Any face to face external training that is completed is added to the matrix as and when it is completed. The training stats are reviewed by the MD and also the OM during reg 29 visits for compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that supplementary care records specifically repositioning charts are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 5.2.2</p>

From the date of the inspection	<p>Response by registered person detailing the actions taken:</p> <p>All staff have received supervision on the completion of supplementary records. This includes the importance of accurate recording and completion. The home manager randomly checks the supplementary records during her walk rounds and notes checking on the daily walk around template to ensure this is embedded into practice. Supplementary records are also randomly reviewed during the monthly reg 29 visits.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 39</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 a robust system is developed and implemented which ensures effective managerial oversight of nurse competency and capability assessments.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>A matrix has been developed on sharepoint for the recording of competency assessments for nurses and carers. This matrix shows the dates competencies have been completed and when they are due for review. This allows the Manager, the MD and the Operations Manager to have oversight, ensuring that competency and cabalility assessments are compeleted and kept up to date.</p>

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



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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care