



# Announced Care Inspection Report 19 October 2020



## Ballymaconnell

Type of Service: Nursing Home  
Address: 48 Ballymaconnell Road, Bangor, BT20 5PS  
Tel No: 028 9127 1819  
Inspector: Debbie Wylie

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 26 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ballymaconnell Private Nursing Home Limited  <b>Responsible Individual:</b> Colin Nimmon	<b>Registered Manager and date registered:</b> Fiona McAufield – 10 December 2019
<b>Person in charge at the time of inspection:</b> Fiona McAufield	<b>Number of registered places:</b> 26  The home is also approved to provide care on a day basis for two persons
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 15

### 4.0 Inspection summary

An announced remote care inspection took place on 19 October 2020 from 10.00 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.

The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for patients
- nutrition
- quality improvement
- consultation

Patients consulted with spoke positively regarding their experience of living in Ballymaconnell and some of their comments can be found in the main body of the report. Those who could not verbally communicate looked to be relaxed and settled in their environment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Ballymaconnell, which provides nursing care.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Fiona McAufield, 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.

#### 5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 21 September to 4 October 2020
- two nurse in charge competencies
- staff training matrix for the period of 2020
- staff supervision and appraisal matrix 2020
- a selection of quality assurance audits for July 2020 to September 2020
- regulation 29 monthly quality monitoring reports for June 2020 to August 2020
- complaints and compliments records for the period 2020
- incident and accident analysis for June 2020 to August 2020
- minutes of last three patients' and staff meetings
- activity planner for August 2020
- three patients' nutritional records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients, patients' representatives and staff. Ten patients' questionnaires, ten patients' relatives/representatives questionnaires and ten staff questionnaires were provided for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Fiona McAufield, manager.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previous inspection(s)**

The most recent inspection of the home was an unannounced care inspection undertaken on 7 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 37.5  <b>Stated:</b> First time	The registered person shall ensure that staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.  This relates specifically to the use of correct fluid and white sticky labels in records retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the minutes of the staff meeting on 8 January 2020 and confirmed staff were updated on the correct process on how to create, use, manage and dispose of records in line with good practice and legislative requirements.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 35.9 <b>Stated:</b> First time	<p>The registered person shall ensure that all accidents, incidents, communicable diseases and deaths occurring in the nursing home are reported to the RQIA and other relevant organisations in accordance with legislation and procedures and a record is maintained.</p> <p>This relates specifically to a record being maintained of those organisations informed following the occurrence of an accident/incident.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Review of the record of incidents and accidents in the home confirmed that reports were made to the appropriate organisations and this record was maintained, signed and dated.</p>	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager confirmed the staffing levels and skill mix in the home were maintained at a level which met the assessed dependency levels of patients. Staff on duty and one resident spoken with said staffing levels were reduced recently; however, discussion with the manager confirmed that recruitment had now been completed and staffing levels were safely maintained.

Staff responded to patients' requests in a timely manner and had time to care for them. Staff were aware of their roles and responsibilities in the home and on discussion we evidenced that they had a good knowledge about what actions to take if they had concerns about patient care or working practices.

Analysis of the staff training matrix provided evidence that staff were completing their mandatory training and further planned training dates were documented. Staff also affirmed that they had completed training and further training was to be arranged. Staff told us:

"We had training on modified diets last week and more training is planned."

"I completed the use of personal protective equipment training. It was very good."

The manager confirmed that new registered nurses received a thorough induction including the management of wound care, management of restraint and falls prevention prior to working in the home independently. We reviewed the record of the nurse in charge competency for two nurses and evidenced that this had been completed, signed and dated.

As part of the inspection process we asked patients, family members and staff to provide us with comments on staffing levels via questionnaires. One relative's questionnaire was returned and confirmed that they had no concerns about staffing levels in the home.

### **6.2.2 Management arrangements**

There had been no change in manager since the last care inspection and the manager confirmed that the home was operating within its registered categories of care. An accurate and informative outline of existing management arrangements within the home was provided for review.

The on-call arrangements which were in place to ensure that staff were adequately supported at all times were clearly documented with contact details provided across a 24 hour period on the staff duty roster. Discussion with staff confirmed the out of hours arrangements provided were correct and they knew how to contact the person on call if required.

### **6.2.3 Governance systems**

The manager was available to answer questions throughout the inspection. We spoke with staff and patients who commented that the manager was accessible when needed and very supportive.

The quality audits of working practices in the home were reviewed. Audits were completed monthly for falls, accident and incidents and restrictive practices. Environment audits were completed three monthly and care record audits were completed yearly. Regular auditing was discussed with the manager as this would be beneficial to ensure oversight of these records and practices. This will be reviewed at the next inspection.

Review of the accident and incident analysis for June, July and August 2020 evidenced that all notifiable events had been reported to RQIA appropriately.

The record of complaint showed that there had been no complaints received by the home during the 2020 period.

Staff supervision and appraisal records were inspected and showed that staff had received one supervision in 2020 and one staff member had received an appraisal for 2020. Records did not reflect a planned date for completion of appraisals. Supervision records showed that supervision should take place at least six monthly. An area for improvement was made.

The regulation 29 monthly quality monitoring reports for June, July and August 2020 were viewed and verified that they had been completed with action plans and outcomes evident.

### **6.2.4 Infection prevention and control (IPC)**

Inspection of the home found that the entrance area had a supply of hand sanitising gel, aprons, masks and gloves available for visitors to the home. Temperature checks and health questionnaires were completed by all visitors to the home prior to admission and patients and staff had their temperature recorded twice daily.

An area for visiting had been arranged to provide safe social distancing and use of personal protective equipment for patients and their families. Visiting was arranged by appointment to ensure safe distancing and maintain infection prevention and control.

Inspection of patients' bedrooms showed that prescribed creams were not stored securely. An area for improvement was made.

Open packets of gloves and wipes were stored in a bathroom and during the lunch time meal it was noted that hand gels and gloves were not used at all times when required. An area for improvement was made.

A communal bathroom was also noted to have an electric hairdryer stored. This was discussed with the manager for removal and an area for improvement was made.

### **6.2.5 Quality of life for patients**

We undertook a virtual walk around the home with the use of video technology. The home was tidy with communal areas and patients' bedrooms personalised with memorabilia. The lounges and corridors were clear of clutter and fire escapes were free from obstacles.

There were seating areas in the garden of the home for patients to relax in the summer months. Patients were positive when speaking about life in the home.

We observed the serving of the lunch time meal. A menu board was displayed and informed patients what meal choice was available for lunch. Tables were tastefully set with flowers and condiments. Patients' comments included:

"I love it here."

"They (staff) are brilliant."

"It's first class here."

"We play games in the afternoon."

The record of activities in the home showed a range of activities were available to patients including walks, chair exercises, manicures, quizzes, movies and garden activities. An activities newsletter was provided and shared with patients and their families to update them on what activities were planned for each month. There were no activities carried out at weekends. This was discussed with the manager and a programme of daily activities is to be commenced and documented for weekends. This will be reviewed at the next inspection.

Documentation of the patients' meetings showed that they were held on a monthly basis. The record did not provide information on those who had attended and had a very limited agenda. This was discussed with the manager who agreed to establish and record robust patient meeting agendas and minutes including the names of attendees.

### **6.2.6 Nutrition**

We reviewed the nutritional records for three patients. We saw that the malnutrition universal screening tool was completed along with a record of patients' weight. A nutritional care plan had been completed for each patient and detailed their dietary requirements and level of assistance needed with eating and drinking. Those patients who required their food and fluid intake recorded this had been completed on a daily basis. We observed the record of input from other professionals such as the dietician and speech and language therapist.

An oral care plan was completed which identified the oral care and assistance required by each patient. This record was clear and gave appropriate instructions on individual dental care.

The menu for the month of August 2020 was reviewed. Records showed that there was a three week rotating menu with two choices of main course at lunch and dinner. There was a varied nutritional diet with alternatives available if patients preferred.

During the lunch time meal we observed patients being assisted with their lunch in a timely manner and there were relaxed interactions between patients and staff throughout the meal. A choice of juice, milk or water was offered and patients were asked about what portion size they preferred. Those patients who required modified diets were provided with their prescribed meals and clear information was available to staff. Patients who preferred their meal in their room where served their lunch on a tray. Patients told us:

“I enjoyed lunch.”

“It’s better than a hotel.”

“The food is fantastic.”

### **6.2.7 Quality improvement**

The manager informed us that they are recruiting new staff at present and there is ongoing recruitment when staff leave the home. This has ensured that staffing has remained at a safe level.

Management continue to communicate with the Department of Health regarding visiting restrictions and how this can be managed during the COVID-19 pandemic.

### **6.2.8 Consultation**

We had notified the home of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent to the home at this time. The pack included an inspection poster which was displayed in the home and informed patients and their representatives of contact phone numbers and/or an email address by which they could contact RQIA/provide feedback on the care provision in the home. We did not receive any feedback via telephone or email.

We also provided the home with questionnaires to be distributed to patients, patients’ representatives and staff. Staff also had the opportunity to complete an online survey.

One patient’s representative questionnaire was received and confirmed that they were happy, that living in Ballymacconnell was a positive experience for their loved one and they were very satisfied that care was safe, effective, compassionate and well led. Comments from four staff spoken with individually on the day of inspection included:

“I have no concerns.”

“We try to let patients keep their individuality.”

“The care is very good.”

A record of compliments and thanks was available in the home and shared with staff. Some of the comments included:

“Thank you to all the staff for all the care and kindness you showed our mum.”

“Our sincere thanks for looking after and caring so much for our mum.”

“Our mum spent the last few years here in Ballymacconnell very happy and she loved all the staff.”

## Areas for improvement

Areas for improvement were identified and included; completion of staff supervision and appraisals, provision of the monthly regulation 29 report for inspection, infection prevention and control, storage of electrical equipment in a bathroom and the safe storage of prescribed creams.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

### 6.3 Conclusion

Patients were observed to be happy and content in Ballymacconnell. Staff were positive about the care provision and management support provided. Areas for improvement were identified in regard to: supervision and appraisals, provision of the monthly regulation 29 report for inspection, infection prevention and control, storage of electrical equipment in a bathroom and the safe storage of prescribed creams.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona McAufield, manager and Angela Dorian, area manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure all prescribed creams kept in the nursing home are stored in a secure place.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have been informed about ensuring prescribed creams are stored securely.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to the appropriate use of hand sanitising gels, gloves and the storage of open packets of gloves and wipes in the bathroom.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff are aware no wipes or gloves should be left in a bathroom. There is an adequate number of dani units for their storage located around the building.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall ensure as far as is reasonably practicable all parts of the home which patients have access to are free from hazards to their safety. This is in relation to an electric hairdryer stored in a bathroom.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> The hairdressing dryer is now stored in a designated storeroom. Staff are aware of safe storage of same</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2020</p>	<p>The registered person shall ensure staff are supervised and their performance appraised according to the policy and procedure in the home to promote the delivery of quality care and services.</p> <p>Ref: 6.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The manager completes a weekly audit around the home and include a check for the above. In addition, the two senior care assistants monitor compliance when on duty</p>

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



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