



Unannounced Care Inspection Report 23 October 2018



Ballymaconnell

Type of Service: Nursing Home (NH)
Address: 48 Ballymaconnell Road, Bangor, BT20 5PS
Tel No: 0289127 1819
Inspector: Heather Sleator

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Chester Homes Ltd Responsible Individual: Colin Nimmon	Registered Manager: Elizabeth Doak
Person in charge at the time of inspection: Elizabeth Doak until 11:00 hours Diana Prisecaru from 11:00 hours	Date manager registered: 19 August 2013
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 registered places: 26

4.0 Inspection summary

An unannounced inspection took place on 23 October 2018 from 09.30 to 15.15 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing and staff development and adult safeguarding. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition and hydration and wound care management. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under the care standards in relation to the management of falls, patient choice and the quality auditing of patient care records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients. Refer to 6.6 for comments.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Diana Prisecaru, Registered Nurse, 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.

4.2 Action/enforcement taken following the most recent inspection dated 31 March 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 31 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 11 patients and six staff. There were no relatives who wished to speak with us at the time of the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 23 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 31 March 2018

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last follow up care inspection dated 4 January 2018

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 to 23 October 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ballymaconnell. Comments received from patients included; "it's lovely here" and "staff are very good".

There were no relatives available to speak to us at the time of the inspection. We sought relatives' opinion on staffing via questionnaires however there were no questionnaires completed and returned by relatives.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Training was delivered through face to face interactive sessions. Records evidenced compliance with mandatory training and staffs compliance was monitored by the area manager on a monthly basis. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period July - September 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the nurse in charge and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices evidenced that infection prevention and control (IPC) measures were adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home and appropriately used by staff. Specialised seating for one patient evidenced extensive wear and tear and large areas of 'tape' had been used to close the edges of the seating together. This was discussed with the nurse in charge who stated a referral to the local trust has been made to replace the chair and they were awaiting the outcome of the request.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and clean throughout. The lighting in the dining room was poor and should be improved. Two applications of variation to the home had been submitted to RQIA in respect of upgrading the environment. Work in relation to either of the applications had not commenced. RQIA should be informed as to whether the proposed work is still being considered and include a timescale for the commencement of the work.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 15 March 2018 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The nurse in charge stated that if a patient has a weight loss of between five and 10 percent that they are referred to the patient's General Practitioners (GPs) and to the dietician. The South Eastern Health and Social Care Trust have implemented a virtual ward round with the dietetics team in the trust. Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. However, a validated post falls management tool was not in use. This has been identified as an area for improvement under the care standards.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), 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), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care assistants were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition and the delivery of wound care.

Areas for improvement

An area for improvement was identified regarding the introduction and use of a validated post falls management tool.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:30. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. We observed that patients who were on bed rest had their call bells placed within easy reach.

Patients said that they were happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

We observed the approach of staff and interaction and engagement with patients during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

We observed that whilst patients get a mid-morning cup of tea a snack is not provided. Staff stated that breakfast is staggered and lunch is served at 12:30 hours. A snack is provided in the afternoon. Consideration should be given offering a morning snack to patients so as they make the choice as to whether they would like a snack or not. We observed that patients who require a modified diet are not offered a choice at mealtimes. This was confirmed by the chef. Consideration should be given to these areas and this has been identified as an area for improvement under the care standards.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Patients spoke highly of the activities on-going in the home. We spoke to the activities coordinator who discussed her approach to ensuring patients have meaningful and enjoyable recreational opportunities. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you for the kindness, care and consideration shown to my (relative).”

“A big thank you for the wonderful care provided to our mother, it was a great source of comfort to us all knowing that she was so well cared for.”

“Thank you all the care and kindness given to our (relative).”

We spoke with patients and comments included:

“It’s fabulous here, a home from home.”

“Staff are almost like family, nothing is too much trouble.”

“I know that if there was anything (concern) it would be dealt with immediately”

“If staff say they’ll be here in five minutes they will be.”

“I would recommend this home to anyone.”

“Liz (registered manager) leads from the top.”

Staff commented positively about the home and stated:

“We are regularly reminded about training that is coming up.”

“Nice homely atmosphere here.”

“Good teamwork.”

Relative questionnaires were also provided. We received no completed questionnaires within the timescale specified.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement

An area was identified for improvement under the care standards in relation to offering patients the choice of a midmorning snack and patients on a modified diet received a choice at mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

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

Discussion with the nurse in charge 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 accidents/incidents, IPC practices, care records and hygiene arrangements. In addition measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home. However, a planned systematic approach to the auditing of patient care records was not in evidence. The area manager 'spot checks' care records on a monthly basis but evidence was lacking that the registered manager undertakes a quality review of the patient care records and planned care. This has been identified as an area for improvement under the care standards.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships...

Areas for improvement

The following area identified for improvement was in relation to having a planned and systematic approach to the quality auditing of patient care records.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diana Prisecaru, Registered Nurse, 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.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that a post falls management tool is introduced and use in conjunction with best practice guidelines.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Post falls management tool is in use in conjunction with best practice guidelines.</p>
<p>Area for improvement 2</p> <p>Ref: Standards 5 and 12</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that patients are afforded choice in relation to having a mid-morning snack and patients who require a modified diet are afforded choice at mealtimes.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Choice is offered for mid-morning snack and modified diets.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that a planned systematic approach to the quality auditing of patient care records is implemented.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A planned systematic approach to auditing care records is in place.</p>

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



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