

Inspection Report

25 May 2023



Ballymaconnell

Type of service: Nursing Home
Address: 48 Ballymaconnell Road, Bangor, BT20 5PS
Telephone number: 028 9127 1819

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Electus Healthcare 2 Ltd	Registered Manager: Ms Amanda Horne
Responsible Individual: Mr Edmund Coyle	Date registered: Not registered
Person in charge at the time of inspection: Ms Amanda Horne, Manager	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: 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 25 May 2023 from 10.10 am to 5.25 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, the dining experience and maintaining good working relationships.

An area for improvement was identified in relation to infection prevention and control (IPC). Five areas for improvement in relation to medicines management have been carried forward for review at the next inspection.

The home was found to be clean, tidy, 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 observed 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, a patient's representative 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 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 Ms Amanda Horne, Manager, and Mrs Caron McKay, Operations Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients and a patient's relative provided positive feedback about Ballymacconnell. Patients told us that they felt well cared for; enjoyed the food and that staff were attentive.

Patients spoken with commented, "Staff and the manager are very good. I'm alright and have no concerns but if I had I could discuss them with the staff" and "I like my room and I'm comfortable."

A patient's relative told us they were very satisfied with the care provided by staff and management. They confirmed that they had no issues or concerns with the staff or the manager and were confident any issues raised would be addressed.

Staff said that the manager was approachable; that there were enough staff on duty to care for the patients and that they felt supported in their role. However, a staff member told us they were dissatisfied with staffing levels as there had been challenges to complete some daily housekeeping tasks within the timescale allocated. This information was shared with the manager for review.

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

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

"Just a genuine word of gratitude for the loving care you all gave to my Mother."

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 13 October 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 39 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 39 Stated: First time	The registered person shall ensure that a robust system is developed and implemented which ensures effective managerial oversight of nurse competency and capability assessments.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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. The manager confirmed that staff recruitment is currently underway.

Staff said there was good teamwork 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 provision of mandatory training was discussed 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 the staff training and development plan for 2023 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, International Dysphagia Diet Standardisation Initiative (IDDSI), IPC and fire safety. The manager confirmed that staff training is kept under review and that further training regarding control of substances hazardous to health (COSHH), adult safeguarding and IPC has been arranged for staff to attend in June 2023.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Caron McKay, Operations Manager, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's 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 patient's care needs and what or who was important to them.

Care records regarding pressure relief, the use of pressure relieving mattresses 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. Pressure relieving mattresses were set in accordance of the patients' weight and the manufacturer's guidance. Appropriate risk assessments and evaluations had been completed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain. The manager advised that dieticians from the local Trust complete a regular virtual ward round in order to review and monitor the weight of all patients in the home.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, bed rails and alarm mats. Care plans were in place for the management of bedrails and alarm mats.

Records for patients who require to be assisted by staff to reposition were reviewed. Care plans were in place and supplementary charts were noted to be well recorded. It was noted that on occasion, only one staff signature was recorded for patients who were assessed as requiring assistance to reposition by two staff. This was discussed with the manager who confirmed she would address the matter with staff. Correspondence from the manager on 19 June 2023 confirmed that staff have been reminded to ensure appropriate signatures are recorded for patients requiring assistance by two staff.

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 patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

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.

Patients were observed to be offered a selection of drinks, fruit, cake and biscuits from the mid-morning tea trolley by 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. The daily menu was displayed showing patients what is available at each mealtime. 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.

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. 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.

Identified areas of the home were in need of redecoration. This was discussed with the manager and the operations manager who advised an action plan was in draft for the work to commence. This will be reviewed at the next inspection.

Observation of equipment used by patients such as walking aids, hoists, the patients' weighing chair scale, an alarm mat and a crash mat used to prevent injury if a fall occurs, evidenced that they were not effectively cleaned. This was discussed with manager and an area for improvement regarding IPC was identified.

The treatment room, sluice rooms and cleaning store were observed to be appropriately locked. However, the door lock in an identified bathroom was broken and could not be securely locked if required. Correspondence from the manager on 29 May 2023 confirmed that this has been fixed and the door can be 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. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

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 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 preferences for what clothes they wanted to wear and where and how they wished to spend their time. 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 noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as armchair exercises, reminisce sessions, hand massage, arts and crafts. Patients were observed to enjoy a sing-along with staff after lunch.

Staff recognised the importance of maintaining good communication between patients and their relatives. 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 had been a change in the management arrangements. Ms Amanda Horne has managed the home since 17 October 2022. 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 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. The manager confirmed that day care was not provided at present.

A review of records and discussion with the manager 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).

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

A robust system was in place to ensure effective managerial oversight of nurse competency and capability assessments. Review of a selection of competency and capability assessments evidenced they were completed for trained staff regarding wound management, medicine management, adult safeguarding and nurses left in charge of the home when the manager was not on duty.

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 complaints, care plans, patient repositioning, weight, accidents/incidents, housekeeping and 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.

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

The manager confirmed 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.

Review of records evidenced that patient, patient representative and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and 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*	2*

* 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 Ms Amanda Horne, Manager, and Mrs Caron McKay, Operations 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	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
To be completed by: From the date of the 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 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)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: From the date of the inspection	The registered person should ensure that obsolete personal medication records, warfarin dosage directions and insulin regimens are cancelled and archived. Ref: 5.1 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 46.2 Stated: First time	The registered person shall establish a robust system to ensure all wheelchairs, hoists, shower chairs and commodes are adequately cleaned. Ref: 5.2.3
To be completed by: From the date of the inspection	Response by registered person detailing the actions taken: A revision of the cleaning schedule has been completed and a new cleaning schedule is now in place. The cleaning of hoists is to take place three times a week. This is to be checked daily during the managers daily walk rounds.

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



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