



Unannounced Care Inspection Report 30 January 2019



Ballymaconnell

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

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: See below
Person in charge at the time of inspection: Angela Dorrian	Date manager registered: Angela Dorrian, temporary manager
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 30 January 2019 from 09.50 to 14.45 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 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, training, adult safeguarding, infection prevention and control, risk management and the home's environment. Good practice was observed in relation to the culture and ethos of the home, dignity and privacy and the patient snack and dining experience.

One area requiring improvement was identified to ensure that pressure relieving mattresses are set in accordance with the patient's weight and are appropriately monitored and documented to adhere to best practice in relation to the prevention of pressure damage. The registered manager had resigned and temporary management arrangements were in place. RQIA had been notified appropriately.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during the inspection. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Angela Dorrian, area 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 23 October 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 five patients, small groups of residents in the lounge, two patients' relatives and five staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the area 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 21 January to 3 February 2019
- incident and accident records from 24 November 2018 to 14 January 2019
- post fall management tool
- seven patient care records
- a sample of governance audits to include care plan audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from 15 October 2018 to 4 January 2019 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: First time	The registered person shall ensure that a post falls management tool is introduced and use in conjunction with best practice guidelines.	Met
	Action taken as confirmed during the inspection: Discussion with the area manager and observation of the post falls management tool on computer confirmed that this area for improvement has been met.	

Area for improvement 2 Ref: Standards 5 and 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the area manager and the chef and observation of the mid-morning and afternoon snack time and lunch time experience confirmed that patients were offered a choice at snack time and patients requiring a modified diet were offered a choice of meal at lunch and teatime. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that a planned systematic approach to the quality auditing of patient care records is implemented.	Met
	Action taken as confirmed during the inspection: Discussion with the area manager and observation of care plan audits for December 2018 confirmed that this area for improvement has been met.	

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 area 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 21 January to 3 February 2019 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. The area manager advised that the registered manager has resigned and that she will manage the home until a replacement manager is appointed. Refer to section 6.7 for details.

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; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ballymaconnell. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We sought relatives' opinion on staffing via questionnaires. One questionnaire was returned and the patient's representative indicated that they were very satisfied that staff had 'enough time to care.'

The patient's representative included the following comment: "Ballymaconnell is a good home. He is very complimentary about all aspects of care."

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. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the area manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The area manager is identified as the safeguarding champion and she advised that staff safeguarding training is scheduled for February 2019.

Review of seven 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 from 24 November 2018 to 14 January 2019 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 area manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the area manager and staff there was evidence of proactive management of falls. A robust post falls management tool was observed to be in use.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

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 alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

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 seven 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 patients' weight. The registered nurse advised that the trust dietician visits the home each month to monitor and review patients. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Observation of four patient's pressure relieving mattresses viewed with the registered nurse confirmed that these were not set according to the correct weight of the patients. The registered nurse was in agreement that the mattresses were set too high in relation to the prevention of pressure ulceration. The mattress settings were observed to have been checked three days prior to the inspection and weekly records showed that they had been set correctly. Discussion with the area manager and registered nurse confirmed the need for staff to be made aware of the importance of patients' pressure relieving mattresses being set correctly in relation to their weight. The registered nurse amended the settings immediately and updated documentation. An area for improvement under the standards was made.

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 staff 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 area manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the area manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other professionals.

Areas for improvement

One area was identified for improvement in relation to the requirement of pressure relieving mattresses to be set in accordance with the patient’s weight to adhere to best practice in relation to the prevention of pressure damage.

	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 09.50 hours and were greeted by staff who were helpful and attentive. Staff were responding to patient’s needs and requests promptly and cheerfully. Patients were observed in the lounge or their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the dining room evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The area manager advised that the activity therapist is scheduled to attend an activity training day in February 2019.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date. Cards and letters of compliment and thanks were displayed in the home.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and flowers. The area manager advised that new tablecloths, table mats and menu and serviette holders had been ordered. Patients able to communicate indicated that they enjoyed their meal.

Two patients said:

"Lunch is lovely. I love coming to the dining room as the residents I sit with are very nice."
"We are offered a choice of what we would like to eat at mealtimes. The food's good. I'm enjoying the pasta."

The serving of the mid-morning and afternoon snack was observed and patients were offered a choice of beverage along with a variety of pancakes, cakes, biscuits and yogurts. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during snack and mealtimes.

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Ballymaconnell. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interaction with staff.

Questionnaires were provided for patients and their representatives across the four domains. One representative completed and returned a questionnaire within the specified time frame. Comments received were positive with responses recorded as 'very satisfied' regarding safe, effective, compassionate and well led care.

Two relatives said:

"I'm more than happy with the care. The staff are all very approachable and mum's primary nurse keeps us up to date regarding her care."
"The staff provide excellent care to my wife. I have no concerns or worries at all."

Staff were asked to complete an on line survey; we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the area 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, dignity and privacy and the patient snack and dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 a change in management arrangements. The area manager advised that the registered manager has resigned and that she will manage the home until a permanent manager is appointed. Interviews have taken place for a new manager for Ballymacconnell. RQIA were notified appropriately and are processing the information in order to issue a new registration certificate to the home. A review of the duty rota evidenced that the area manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the area 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 area manager.

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 service collected equality data on service users and the area manager was advised and was aware of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting data.

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 area 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 accidents/incidents, IPC practices, care records, dining room and bedrooms audits. In addition robust measures were also in place to provide the area manager with an overview of wounds occurring in the home.

Discussion with the area manager and review of records from 15 October 2018 to 4 January 2019 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.

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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela Dorrian, 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.

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 23</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that pressure relieving mattresses are set in accordance with the patient's weight and are appropriately monitored and documented by nursing staff to adhere to best practice in relation to the prevention of pressure ulceration. Staff should be made aware of the importance of using the correct setting for each patient's pressure relieving mattress.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: The pressure relieving mattresses are set in accordance with the patients weight and are monitored weekly by staff. Care plans also reflect this.</p>

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



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