Unannounced Follow Up Care Inspection Report
4 January 2018

Ballymaconnell

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

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 provider 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 nursing home registered to provide nursing care for up to 26 persons.

3.0 Service details

Organisation/Registered Provider: Chester Homes Ltd **Responsible Individual:** Mr Colin Nimmon	**Registered Manager:** Mrs Elizabeth Doak
Person in charge at the time of inspection: Mrs Elizabeth Doak	**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 4 January 2018 from 10:00 to 15:35.

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.

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement identified during the previous care inspection on 27 October 2017 and to re-assess the home's level of compliance with legislative requirements and the Care Standards for Nursing Homes. The inspection also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. As a result of the inspection of 27 October 2017, RQIA were concerned that the quality of services within Ballymaconnell was below the minimum standard expected regarding the lack of adherence to the regional infection prevention and control procedures, care planning procedures and the governance arrangements in the home. A serious concerns meeting was held in RQIA on 2 November 2017 and assurances were given by representatives of Chester Homes Ltd that the issues identified would be addressed.

The following areas were examined during the inspection:

- infection prevention and control procedures in the home
- care records – including the management of weight loss, wound care and catheter care
- governance arrangements including the review of quality audits

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.

Patients said they were happy living in the home. Comments included, “Everything’s very good here.” Further comments can be viewed in section 6.3 of the report.

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	0

The inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Elizabeth Doak, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 24 November 2017. Other than those actions which will be detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 November 2017.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine patients and five staff

The following records were examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- a review sample of staff duty rotas
- five patients care records
- supplementary care charts including repositioning records
- a review of quality audits including complaints, accidents, infection prevention and control, care records and cleaning schedules
- monthly monitoring reports 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.

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 24 November 2017

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

This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.	**Met**
	Action taken as confirmed during the inspection: Observation of the premises and a review of the infection prevention and control audits evidenced that the issues identified at the previous inspection had been addressed and infection prevention and control measures in the home were being monitored by the registered manager.	

Area for improvement 2 **Ref:** Regulation 13 (1) (a) and (b) **Stated:** First time	The registered person shall ensure the proper provision for the nursing, health and welfare of patients. Patient care records must reflect both the planned care and actual care delivered. The shortfalls identified on inspection regarding wound care management, catheter care and the management of weight loss must be addressed.	**Met**
	Action taken as confirmed during the inspection: A review of five patient care records evidenced that care records were maintained in an up to date manner, were regularly reviewed and wound care, catheter care and the management of weight loss were in accordance with regulation and professional standards.	
Area for improvement 3 **Ref:** Regulation 10 **Stated:** First time	The registered person shall ensure that effective quality monitoring and governance systems are implemented.	**Met**
	Action taken as confirmed during the inspection: A review of the quality monitoring systems in operation in the home evidenced that a more robust system had been implemented.	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 48.7 **Stated:** First time	The registered person shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner and reflect the current needs of patients' at any given time.	**Met**
	Action taken as confirmed during the inspection: A review of the personal emergency evacuation plans (PEEP's) for the patients in the home evidenced that they were maintained in an up to date manner and were regularity reviewed to reflect the current needs of patients'.	

Area for improvement 2 **Ref:** Standard 4.10 **Stated:** First time	The registered person shall ensure contemporaneous nursing records are maintained in accordance with professional and regulatory guidelines.	**Met**
	Action taken as confirmed during the inspection: The review of patient care records evidenced that contemporaneous nursing records were being maintained.	
Area for improvement 3 **Ref:** Standard 4.8 **Stated:** First time	The registered person shall that supplementary care records; for example repositioning records reflect the frequency of repositioning and are determined in accordance with guidance in respect of pressure relieving equipment.	**Met**
	Action taken as confirmed during the inspection: The review of repositioning records evidenced that the records reflected the frequency of repositioning and are determined in accordance with guidance in respect of pressure relieving equipment.	

6.3 Inspection findings

Staffing arrangements

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 week commencing 2 January 2018 evidenced that the planned staffing levels were adhered to. Due to some staff changes the registered manager has been working in a nursing capacity more so than before however a registered nurse was undergoing induction into the home and it was anticipated that the registered manager's nursing hours will decrease once induction is completed.

Discussion with staff confirmed that staff were satisfied with the staffing arrangements and deployment of staff in the home. Comments included, "Good teamwork," and "We all work well together."

There was no evidence in respect of patient care being unduly affected due to the staffing arrangements and the deployment of staff, at the time of the inspection. There was a calm and organised atmosphere in the home. Patients were well groomed and expressed their satisfaction with the care afforded to them by staff. Staff were observed responding to requests for assistance from patients promptly and sensitively.

Areas of good practice

Areas of good practice were identified in relation to communication between staff and communication between staff and patients and staffing arrangements.

Areas for improvement

There were no areas identified for improvement.

	Regulations	Standards
Total number of areas for improvement	0	0

Quality of care delivery, care practices and care records

A review of five patient care records evidenced that risk assessments were accurately and consistently completed and reviewed in accordance with changes in the patient's condition. Care plans were reviewed in response to the changing needs of patients.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse specialists (TVN). Discussion with the registered manager and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Care plans for a patient's elimination needs were reviewed. Care plans detailed a continence management plan, including catheter care and patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

A review of the wound care management of two patients evidenced that the management of wound care was in accordance with professional guidelines. Evidence was present of consultation with the relevant healthcare professional, for example; the podiatrist and care plans reflected the professional's recommendations. Wound assessment and treatment records were maintained in accordance with the prescribed dressing regime.

The management of percutaneous endoscopic gastrostomy (PEG) evidenced that the feeding regimes were clearly stated in patient care records and reflected the recommendations of healthcare professionals.

Personal or supplementary care records were maintained on a computerised record and in relation to repositioning records a written record was also being maintained. This was discussed with the registered manager who stated consideration would be given to maintaining one record in the future and this would be discussed with the staff team. The review of the records evidenced that; for example, staff were reporting on the condition of a patient's skin following repositioning and that there was no evidence of significant 'gaps' when recording on repositioning. There was evidence that staff were reporting on patients nutritional and fluid intake and that this information was being monitored by the registered nurses.

Areas of good practice

Areas of good practice included the approach to record keeping and communication between patients and staff.

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Infection prevention and control and the environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice room, storage rooms and communal areas. The areas reviewed were found to be clean and warm and a homely atmosphere was evident throughout.

Areas for improvement which had been identified at the previous inspection of 27 October 2017 had been addressed. New soap and disposable towel dispensers had been installed, there was no evidence of inappropriate storage in bathroom or toilet areas and decontamination of patient hoist and slings was in accordance with regional guidance for infection prevention and control.

Areas of good practice

There were examples of good practice in relation to the cleanliness of the home and good infection prevention and control measures

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Governance arrangements

Discussion with the registered manager and review of records evidenced that a more robust system to monitor and report on the quality of nursing and other services provided had been established. The review of the system evidenced that the system was effective. For example, audits were completed in relation to care records, infection prevention and control procedures, the environment, staff training, complaints, accidents/incidents, falls analysis and wound care management. The audits viewed were complete and remedial action had been taken where a shortfall was identified.

The review of the Regulation 29, monthly quality monitoring reports, did not evidence that a monthly report had been written for December 2017. This was discussed with the area manager who stated that whilst a monitoring report, using a recognised template and available for others to read, was not present, evidence was present of a written account of 13 monitoring visits completed by the area manager to the home over a period of eight weeks to the end of December 2017. Confirmation of the need to have a regulation 29 monthly report available in the home was discussed with senior management in RQIA who stated a report must be present. The area manager was informed of this and agreed to ensure that a report would always be written and available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements including infection prevention and control monitoring, quality improvement and maintaining good working relationships within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Consultation with patients and staff

Staff interactions with patients were observed to be caring and positive. Staff were observed speaking to patients in a friendly and sensitive manner. Staff responded to patients call for assistance quickly and staff were observed assisting patients with their midday meal in a calm and helpful manner. Call bells were also answered in a prompt manner. The staffing arrangements and deployment of staff as observed during the inspection had a positive impact on the delivery of compassionate care experienced by patients. This included the dining experience, the appearance of patients and level of personal care afforded and the timely response, by staff, to patients either by attending to individuals needs in communal areas or responding to patient call bells.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors met with nine patients, two care staff, two registered nurses and one housekeeper.

Staff

All staff spoken with indicated that the care and other services provided in the home were good. Staff advised that the staffing arrangements were adequate to meet the needs of the patients. Staff stated that the registered manager was supportive and approachable.

Comments received from staff included:

“Good home.”
“Staffing levels are ok.”
“We all help each other out.”

Patients

All patients spoken with commented positively about the home; the care they received and that staff were kind and respectful. Patients were observed siting in the lounges, dining rooms and/or their bedroom, as was their personal preference. Patients appeared well dressed and commented that they had enjoyed their lunch, were offered a choice at mealtimes and were happy in the home.

Comments from patients included:

“Everything’s very good here.”
“Staff couldn’t be better.”
“They (staff) give me everything I want (regarding food).”
“Manager’s Scots, we get on the best.”

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, listening to and valuing patients and their representatives and taking account of the views of patients.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of the inspection report.

The Regulation and Quality Improvement Authority

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