



Announced Care Inspection Report 3 November 2020



Bangor Care Home

Type of Service: Nursing Home (NH)
Address: 27a Manor Avenue, Bangor, BT20 3NG
Tel No: 028 9127 3342
Inspector: Sharon McKnight

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.

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 94 persons.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Maureen Claire Royston</p>	<p>Registered Manager and date registered: Mauro Magbitang – 18 May 2017</p>
<p>Person in charge at the time of inspection: Mauro Magbitang</p>	<p>Number of registered places: 94 comprising: 30 - NH-I, NH-PH, NH-PH(E), NH-TI (in the Stewart Suite) 30 - NH-DE (in the McKeown Suite) 17 - NH-LD, NH-LD(E) (in the Brownlee Suite) 17 - NH-LD, NH-LD(E) (in the Bloomfield Suite)</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: Rainbow Recovery Unit - 7 patients</p>

4.0 Inspection summary

An unannounced inspection took place on 3 November 2020 from 09:55 to 14:30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In April 2020 Four Seasons Healthcare contacted RQIA to discuss the role of Bangor Care Home in the global pandemic. The Rainbow Recovery Unit was temporarily repurposed as a facility for the management of COVID-19 patients. The purpose of this inspection was to review the operation, management and governance arrangements for the Rainbow Recovery unit. The other units in the home were not inspected on this occasion.

The following areas were examined during the inspection:

- staffing
- care delivery
- infection prevention and control (IPC) and personal protective equipment (PPE)
- environment
- governance and management

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	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mauro Magbitang, registered manager and Julieann Hugill, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

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.

The following records were examined during the inspection:

- staff duty rota for the week of the inspection
- care records for two patients
- supplementary care charts, including food and fluid intake and repositioning
- records of infection prevention and control monthly audits
- monthly monitoring reports for the period June – October.

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

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 17 January 2020.

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

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the needs of the patients. A review of the staffing rota for the week of the inspection confirmed that the staffing numbers identified were provided. Observations confirmed that the needs of the patients were met by the staff on duty. Patients told us they were happy and that staff attended to them promptly.

Staff spoken with had a good knowledge and understanding of patients' individual needs, wishes and preferences. Staff spoken with told us that teamwork was good; they did not express any concerns regarding staffing levels.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately none were returned.

6.2.2 Care delivery

The purpose of the unit was to support patients throughout their self-isolation period after testing positive for COVID-19. There was a defined referral process in place and arrangements were in place for medical cover and pharmacy support.

Due to patients self-isolating they were generally nursed in their individual bedrooms. Patients were warm and comfortable. We observed that the patients had all been assisted with their personal needs and were clean, tidy and well presented. There was a calm atmosphere throughout the unit.

We were present in the unit during the serving of lunch. Meals were transported from the main kitchen in a heat trolley and served on trays to patients in their bedrooms; those patients who required assistance from staff were attended to in a timely manner. Staff explained that there is choice of two dishes at each meal; patients spoken with were complimentary regarding the food.

National Early Warning Score (NEWS) to recognise and respond to any deterioration in the patients' well being, were completed throughout the day for all patients. Food and fluid charts and repositioning charts were also completed daily for each patient.

A number of patients were being nursed in bed. A review of records confirmed that, where required, staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidenced that the patients were assisted by staff to change their position regularly. Some patients had pressure relieving mattresses in place which required to be set manually. We observed that these were set in accordance with the patient's weight.

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced.

The Rainbow unit has a keypad system to enter and exit the bedroom areas. We discussed the consideration of the deprivation of liberty (DOLs) and the safeguards in place prior to admission. There was clear communication regarding DOLs for those patients transferring from hospital however it was unclear of the checks in place for patients being admitted from non-hospital settings. This was identified as an area for improvement.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards.

"..to all staff in the Rainbow unit for all the amazing work you do. It was amazing to know that my (relative) was so well cared for."

"Our sincere thanks to each and every one for the dedicated care and warmth you have shown to (relative) during his 14 days of quarantine."

6.2.3 Infection prevention and control (IPC) and personal protective equipment (PPE)

On arrival to the unit we were met by a member of staff who recorded our temperature. Staff and patient temperatures were also recorded daily. Hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about COVID-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Clinical waste bins, for the safe disposal of used PPE, were available throughout the unit.

The manager informed us that training in IPC had been provided to ensure that staff have the necessary skills and knowledge to care for the patients. We observed staff applying and removing PPE, good use of hand sanitising gel and hand washing.

6.2.4 Environment

The atmosphere in the home was relaxed and well organised. The environment was warm, comfortable, clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

The use of a number of rooms had temporarily changed to accommodate the recent change in the focus of care. We discussed the importance of ensuring that rooms are only used for the purpose for which they are registered for and, although this is temporary measure, we asked for written confirmation of the change of use for these rooms. The manager was fully aware that these were temporary arrangement during the current pandemic.

One bedroom had been converted to a kitchen area. The manager confirmed that this was not a temporary arrangement. An application to vary the registration of the home is required to be submitted retrospectively. This was identified as an area for improvement.

6.2.5 Governance and management

There had been a period of temporary management arrangements since the previous inspection. RQIA were notified appropriately. The registered manager had returned to their post by the time of this inspection. They continue to be supported by the deputy manager and regional manager. To reduce the movement of the manager between the units the deputy manager is currently based in the Rainbow unit. There was good communication between the manager and deputy manager.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a weekly or monthly basis to ensure the safe and effective delivery of care; these included hand hygiene audits, PPE – donning and doffing and environment. Audit records evidenced good compliance with hand hygiene and the use of PPE.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the outbreak by the regional manager. Reports of these visits included an action plan of any improvements required; the action plan was reviewed at the subsequent visit and progress made commented on in the report.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and effective team work.

Areas for improvement

Two areas for improvement were identified with the notification of a permanent change of purpose for one room and discussions regarding deprivation of liberty safeguards for patients admitted from non-hospital settings.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

The atmosphere in the home was quiet and relaxed. Patients were being cared for in their individual bedrooms and were observed to be warm and comfortable. Staff spoken with were knowledgeable of patients' needs and were confident that they had the necessary PPE and management support to care for the patients. Management had good oversight of the service. The inspection resulted in two areas for improvement being made.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mauro Magbitang, registered manager and Julieann Hugill, deputy 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 32(h) Stated: First time To be completed by: 1 December 2020	<p>The registered person must ensure that an application to vary the registration of the home is submitted to RQIA in respect of the conversion of the identified bedroom to a kitchen.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Email was sent to Elaine Connolly, RQIA on 12.11.20 from Carol Cousins, Managing Director in relation to the conversion identified, confirming detailed work. Subsequently submitted a Variation Application.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 18.2 Stated: First time To be completed by: Ongoing from the day of the inspection	<p>The registered person shall ensure that deprivation of liberty (DOLS) safeguards are discussed and recorded for all patients prior to admission.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: This area of improvement has been addressed in consultation with SEHSCT. Where a DOLS is in place prior to admission, either from hospital or community, this will remain applicable and should be noted in the individual Residents profile. Given the urgency within which this service operates it is not possible to determine new DOLS discussions before transfer which could potentially delay the admission and create a significant risk to others. Any areas of concern will be raised for discussion with Rainbow Unit's aligned SEHSCT Social Worker on admission.</p>

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



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