

Inspection Report

7 June 2021



Bangor Care Home

Type of Service: Nursing Home

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Ms Natasha Southall	Registered Manager: Mr Mauro J Magbitang Jr Date registered: 22 June 2017
Person in charge at the time of inspection: Mr Mauro J Magbitang Jr	Number of registered places: 94 30 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Stewart Suite. 30 patients in category NH-DE to be accommodated in the McKeown Suite. 17 patients in categories NH-LD, NH-LD(E) to be accommodated in the Brownlee Suite. 17 patients in categories NH-LD, NH-LD(E) to be accommodated in the Bloomfield Suite.
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	Number of patients accommodated in the nursing home on the day of this inspection: 53
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 94 persons. The home is divided in four suites; the Stewart Suite, the McKeown Suite, the Brownlee Suite and the Boomfield Suite.	

2.0 Inspection summary

An unannounced inspection took place on 7 June 2021, from 9.15 am to 6.15 pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified including about staff training and infection prevention and control (IPC).

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, relatives and staff are included in the main body of this report.

RQIA were assured that by addressing the areas for improvement this would improve the delivery of care and services provided in Bangor Care Home. RQIA were satisfied that care was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 previous areas for improvement issued, registration information and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

Five patients, one relative and three staff were all very satisfied that care was safe, effective, compassionate and well led. We received no returned questionnaires and no responses to our on-line survey.

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 3 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 32(h) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18.2 Stated: First time	The registered person shall ensure that deprivation of liberty (DOLs) safeguards are discussed and recorded for all patients prior to admission.	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 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients, this also included agency or temporary staff.

There were systems in place to record staff training. The records showed that mandatory training was not up to date for all staff and this was required to be put in place. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

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.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, a number of patients were able to have a lie in and other patients spent time in their room or communal areas.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff were always available, knew them well and knew how best to help them when they needed it. Patients said there were plenty of staff to make them feel safe. One patient said they were short staffed but there were agency staff instead. This was brought to the attention of the manager for review.

Patients' relatives said there was always staff around and available when they were visiting and they responded promptly to requests for assistance.

The management team ensured that the staff on duty met the patients' needs in a safe, effective and compassionate manner.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

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. The manager confirmed he was the safeguarding lead for the home and he was aware of who the safeguarding champion was.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

Patients said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff showed skill in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff took time to understand patient's wishes around snack choices and where they wished to spend their day.

It was established that patients were cared for safely and that they felt safe in the home.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was generally well maintained: however, the outdoor area of the home required maintenance so patient could use this area when they choose to do so. This was discussed with the manager who agreed to address the maintenance issues.

Patients' bedrooms were personalised with items important to them with lovely examples of photos and family memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of personal touches such as individual door knockers on patient's doors, snacks and drinks available, art work undertaken by patients as part of the activity programme provided and sensory artwork on the walls.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe.

Patients and visitors said they were happy that the home was safe and the environment was well maintained.

It was established that the home's environment was well managed to ensure patients' comfort and safety.

5.2.4 How does this service manage the risk of infection?

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Posters were displayed showing the correct way to carry out hand hygiene.

Observation of the environment showed that there was a lack of hand sanitising points, bed linen requiring laundered, a chair and sink surround were damaged, equipment and toilet roll dispensers were unclean, hand sanitising was not carried out between patient contact and there was a lack of social distancing in communal rooms. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance.

Patients and patients' relatives said the home was clean and tidy and they had no concerns about infection prevention and control.

Generally infection prevention and control practices were good however, addressing the areas identified for improvement will make sure patients are safe.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as moving and handling patients discreetly, knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients tactfully.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care or who had wounds or pressure ulcers had this clearly record in their care records. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) and were following any recommendations they had made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and buzzer mats. Care plans were in place and consent had been obtained for their use to prevent injuries from falls from chairs and beds.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a patient has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients required a range of support with meals; this included simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable and had a meal that they enjoyed or an alternative if requested.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were up to date about modified food and fluids required by individual patients.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients and staff chatted in a relaxed and friendly manner about daily life in the home.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

The menu boards in some of the dining rooms were not up to date with the daily menu. This was discussed with the manager who agreed to ensure this was updated on a daily basis.

Patients told us the food was warm and lovely. The atmosphere in the dining rooms was calm and patients told us they were enjoying lunch. A patient said that they did not always get what was on the lunch menu. This was discussed with the manager for review.

It was established that systems were in place which ensured patients received the right care at the right time.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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 care records were held confidentially.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Care records were well maintained, however one record showed the incorrect setting for a pressure relieving device. This was discussed with the manager for immediate review and updating.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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.

We were assured that systems were in place to ensure care records reflected the changing care needs of patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in, have breakfast in their rooms or take part in the activities provided by staff in the home.

It was observed that staff offered choices to patients throughout the day which included preferences for where they sat, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff including sing along, puzzles, hand massage, nail art, bowling, movies and stories. A sensory room was in use by patients who were relaxed and enjoying the lights and movement of objects. The notice boards showing what activities were being carried out were not up to date. This was discussed with the manager for review and updating.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients and a relative said they felt welcome in the home and got everything they needed. Staff said that patients were well looked after and time was taken to make sure patients choice was a priority.

We were assured the home was actively providing support to patients to have meaning and purpose to their day through activities and family visits or video contact.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mr Mauro J Magbitang Jr has been the manager in this home since 22 June 2017.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits of accidents and incidents, wound care, care plans, IPC and restrictive practice.

There was a system in place to deal with complaints. Patients said that they knew who to approach if they had a complaint.

Staff commented positively about the manager and described him as supportive, approachable and available for guidance. Staff said the manager works well with the team and they felt they could speak to him if they required support.

A record of compliments and thanks had been received about the care in the home and was kept for sharing with staff.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Confirmation of regular visits by the representative of responsible individual was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded. These are available for review by patients, their representatives, the Trust and RQIA.

We were assured that the quality of care and services provided in Bangor Care Home was monitored on a regular basis.

6.0 Conclusion

The home was welcoming and there was a relaxed atmosphere. Staff and patients chatted about daily life in the home. Patients said they felt safe in the home and enjoyed visits from their families.

As a result of this inspection two areas for improvement were identified.

Based on the inspection findings we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the manager acknowledges the need to address the areas which require improvement.

7.0 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 2015.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mauro J Magbitang Jr, registered manager, and Julieann Hugill, deputy 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 (7) Stated: First time To be completed by: Immediately from the date of inspection	<p>The responsible individual shall ensure suitable arrangements are in place to address the infection prevention and control issues identified in regards to:</p> <ul style="list-style-type: none"> • lack of hand sanitising points • bed linen requiring laundered • a damaged chair and sink surround • unclean equipment and toilet roll dispensers • hand sanitising between contact with patients • lack of social distancing in communal rooms. <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1.Additonal Hand sanitising point was placed in the Mc Keown and Bloomfield Suite 2. Bed linen identified at the time of the inspection was changed and laundered on that day. 2. Chair identified on the day of the inspection was disposed. Costs are being gathered for vanity units replacements. Reviewed Home furnitures and commence replacement program which will be managed through the FSHC capex system 3.Reviewed sitting arrangements for the residents in the Mc Keown Unit Lounge and Dining Room. 4. Infection Control Supervision was completed to all staff to reinforce the importance of the hand hygiene. Hand hygiene audit is completed monthly or more frequent if needed. 6. Domestic team are reminded about cleaning touch points and cleaning records monitored weekly. Areas identified in the report will be checked via Daily walkabout.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 31 July 2021	<p>The responsible individual shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Train Station Compliance has increased to 81%. Staff are working on recently expired modules to increase compliance further.</p>

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