



Unannounced Care Inspection Report 17 January 2020



Bangor Care Home

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

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 registered nursing home which is registered to provide nursing care for up to 94 persons. Presently, the home consists of four distinct suites, namely the Stewart suite (frail elderly care), McKeown suite (dementia care), Brownlee and Bloomfield suites (learning disability care).

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Mauro J Magbitang Jr 22 June 2017
Person in charge at the time of inspection: Mauro J Magbitang Jr	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)
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: 69

4.0 Inspection summary

An unannounced inspection took place on 17 January 2020 from 09.30 to 16.15 hours.

The inspection assessed progress with any areas for improvement identified during and 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 monitoring the professional registration of staff, staff training, staff communication and the management of falls. Further areas of good practice were also noted in regard to staff communication with patients and quality assurance audits.

No areas for improvement were highlighted.

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 interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mauro J Magbitang Jr, 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 dated 8, 9 & 14 May 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 8, 9 and 14 May 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- governance records relating to the professional registration of staff
- accident and incident records
- staff supervision/appraisal matrix
- patient/relative and staff meeting records
- two patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports 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 either met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

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

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 27 (4) (b) (c) (d) Stated: First time	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff confirmed that this area for improvement was met. We observed that the automatic door closure device on one identified bedroom required repair – the manager confirmed that this was addressed before completion of the inspection.	

Area for improvement 2 Ref: Regulation 27 (1) (2) Stated: First time	<p>The registered person shall ensure that the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose. This area for improvement relates specifically to the Brownlee suite. Therefore, no patients shall be admitted to or make use of the Brownlee Suite without prior discussion and agreement with RQIA. RQIA should also be notified within expected timescales of any proposed change to the stated purpose of the Brownlee Suite.</p> <p>Action taken as confirmed during the inspection: Observation of the Brownlee suite and feedback from the manager confirmed that this area for improvement was met. It was agreed with the manager that no patients shall be admitted to or make use of the Brownlee Suite without prior discussion and agreement with RQIA. RQIA should also be notified within expected timescales of any proposed change to the stated purpose of the Brownlee Suite.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time	<p>The registered person shall ensure that robust governance arrangements are in place which ensures the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <p>Action taken as confirmed during the inspection: Feedback from the manager/staff confirmed that this area for improvement was met. This is discussed further in section 6.4.</p>	Met
Area for improvement 2 Ref: Standard 43 Stated: First time	<p>The registered person shall ensure that the environment is safe for patients with risks for falling and/or slipping. This relates specifically to those trip hazards highlighted in the body of this report.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment confirmed that the identified manhole covers have been temporarily covered with large planters. The manager agreed to provide RQIA with a further update following this inspection in relation to ensuring that manhole covers are re-bedded or replaced as needed. This will be reviewed at a future care inspection.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following with regard to the falls management of patients:</p> <ul style="list-style-type: none"> • that all nursing staff undergo falls awareness training • that patients' neurological observations are obtained and recorded in keeping with best practice standards/home policy 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of care records for one patient confirmed that this area for improvement was met. This is discussed further in section 6.4.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> • patients must be served their meals in a timely manner after being assisted to the dining room • staff must not prepare meal trays for other patients at the same tables at which other patients are dining • all patients must be assisted in a dignified, timely and compassionate manner at all times, including those who choose to dine within their bedroom or other communal area 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the dining experience of patients confirmed that this area for improvement was met. This is discussed further in section 6.5.</p>	

<p>Area for improvement 5</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p>	<p>The registered person shall review the system for reconciling patients' valuables to ensure that there is an accurate reflection between the items held and the records of items held.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager/home administrator and review of finance records confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.20</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records of the patients, identified during the inspection, are updated to show the current members of staff acting as their appointee.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager/home administrator and review of finance records confirmed that this area for improvement was met. We were informed by the home administrator that he is awaiting feedback from relevant bodies with regard to ensuring that an appropriate corporate appointee arrangement is in place for relevant patients.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted in order to arrange a review of the current arrangements for the bank accounts of the patients' identified during the inspection.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager/home administrator and review of finance records confirmed that this area for improvement was met. The home administrator informed us that the Health and Social Care Trust keyworkers for identified patients had been fully updated and had passed the matter back to the home to resolve. We were advised that the manager/home administrator remain in discussion with the Office of Care and Protection and relevant financial bodies to address this ongoing matter.</p>	<p>Met</p>

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Upon arrival to the home we were greeted by the manager and deputy manager. The entrance to the home was neat, tidy and welcoming in appearance. We promptly entered the McKeown suite and observed a number of patients enjoying breakfast within a dining room while others were either resting within their bedroom or communal lounges. All the patients within the unit appeared comfortable and staff were observed attending to their needs in a respectful and compassionate manner.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. While the majority of patients expressed no concerns in regard to staffing levels, one patient and one relative did tell us that although they had no concerns in relation to the care being provided, they considered the home to be understaffed at times. This feedback was shared with the manager who confirmed that the home was fully staffed on the day of inspection. The manager agreed to submit further information to RQIA following the inspection in regard to staffing levels and this will be reviewed accordingly.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Staff described the support they received from the manager in positive terms. Both permanent and agency staff told us that they had undergone an effective induction prior to commencing their first shift within the home.

The way in which staff are supported in their roles was considered. Feedback from the manager confirmed that a system was in place and regularly monitored by him in regard to staff supervision and appraisal.

It was noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The manager updated us in relation to adult safeguarding incidents which had been notified to RQIA prior to the inspection; it was noted that such incidents had been managed appropriately.

An inspection of the home's environment was undertaken across all four units and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. We observed that one identified hairdressing room was slightly cluttered and required tidying; this was immediately actioned by the manager. We also highlighted one doorway entrance to the Stewart suite which was not closing effectively; the manager addressed this before completion of the inspection. Within the McKeown suite, it was positive to see that some bedrooms have personalised descriptions of the patient who lives there; these wall frames include information such as the patient's family history and likes/dislikes. However, some wall frames were blank and contained no information. This was discussed with the manager who agreed to review the matter with staff to help enhance the personalisation of patients' bedrooms within the unit.

Review of the Bloomfield suite evidenced that patients' bedrooms were personalised in an effective and consistent manner. Wall art was evident along corridors which helped to create an environment in which patients are suitably stimulated, engaged and orientated. This part of the home also contains a sensory room in which we discreetly observed three patients enjoying subdued, coloured and alternating lighting, a water feature and ambient music playing from a radio. The homely and patient centred atmosphere of this unit is further enhanced by the use of framed photographs of each patient which are displayed within the reception area.

We observed that nutritional thickening agents were not securely stored in two areas of the home; this was highlighted to the manager who ensured these were secured immediately. The need to ensure that such items are appropriately managed at all times was stressed.

We reviewed compliance with infection, prevention and control (IPC) best practice standards. Staff were observed to consistently wear Personal Protective Equipment (PPE) such as gloves and aprons when attending to patients' needs. However, we did identify one insufficiently clean storage area in which hoist slings were being kept. The manager agreed to review this storage area; this will be reviewed at a future care inspection.

Staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations were reviewed; we noted that there was one area of the home in which these were not adhered to. The manager immediately actioned this and the need to ensure that staff adhere to COSHH regulations at all times was agreed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and staff training.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

We reviewed the care records for one patient who was assessed as being at a risk of falling. It was positive to note that there was a detailed and patient centred care plan in place to address this risk along with several appropriate risk assessments. All documentation relating to this assessed risk was up to date and had been regularly reviewed by staff. In addition, records evidenced that the patient's neurological observations had been appropriately obtained following a recent and unwitnessed fall. Feedback from nursing staff confirmed that they had undergone relevant falls awareness training.

We also examined the care records for one patient who required ongoing wound care and pain management. A detailed and patient centred care plan and risk assessment was in place which had recently been reviewed by staff. Supplementary wound care records were also found to have been completed accurately and consistently. However, the patient complained of pain to the inspector who immediately informed nursing staff. Although nursing staff attended to the patient and had administered analgesia to the patient earlier in the day, the nursing response to managing the patient's complaint of pain required improvement. At the inspector's request, nursing staff agreed to contact the patient's G.P. during the inspection and request an urgent review of currently prescribed pain relief. This was discussed further with the manager and it was agreed that nursing staff should review and proactively manage pain relief for patients at all times. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication and the management of falls.

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 compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance.

Feedback received from several patients during the inspection included the following comments:

- "It's nice here."
- "The nurses are looking after me."
- "The staff are kind."

One completed questionnaire from a patient was received following the inspection in which a high level of satisfaction with the care being provided, was expressed.

A number of relatives (across the Stewart and McKeown units) were also spoken with and their feedback included the following comments:

- "I can't find anything wrong – (the patient) is clean at all times ... the staff are kind and pleasant."
- "The staff are absolutely lovely ... (the patient) is always clean ... the staff keep me updated ... (the manager) is brilliant – he always comes down and chats to me."
- "I couldn't fault the home ... staff are so kind and so caring ... they keep (the patient) clean ... the food is lovely."

In addition, six completed questionnaires were received from patients' families following the inspection; all respondents confirmed that they were very satisfied with the provision of care within the home. One respondent recorded that staff are "friendly and helpful" and that the manager was "approachable."

As referenced within section 6.3, the interior décor of the Bloomfield suite is consistently personalised for patients. In addition, we observed that staff within that unit had ensured that those patients who were resting within their bedrooms were adequately stimulated through the use of items such as: television, radio or coloured lighting.

Since the previous inspection, a new Personal Activities Leader (PAL) has been appointed to work within the Stewart suite. We talked with this member of staff who spoke enthusiastically about her role and recognised the importance and value of patient centred engagement on a regular basis. The PAL confirmed that she discusses the provision of activities to patients within the unit on a monthly basis with the manager; the PAL also stated that she had been highly supported by the manager since coming into post which had helped her to appreciate the importance of her role. The need to effectively review activities provision through ongoing contact with patients/relatives was stressed; this was discussed with the manager/PAL and it was agreed that a process will be developed which allows for such feedback to help inform ongoing activities. This will be reviewed at a future care inspection.

While another PAL is also appointed to work within the McKeown suite, there is no such provision at present within the Bloomfield unit due to recent staff changes. However, it was positive to note that senior care staff within the Bloomfield unit had made contingency arrangements to help ensure that the provision of activities to patients was not unduly impacted. The manager confirmed that recruitment for an additional PAL remains ongoing.

Senior care staff within the Bloomfield unit also told us in enthusiastic terms about two patients who were assisted by staff/the manager to attend a holiday resort within Northern Ireland in November 2019 for two nights. This had been arranged following discussion with the patients' families / Trust keyworkers. The senior care staff member displayed a good understanding of how beneficial this was for patients while recognising the impact which an unfamiliar environment can have on patients. The manager told us that due to the success of this trip, he hopes to offer this to other patients within the unit, as appropriate.

We also observed the dining experience of patients within the home. Staff displayed a good understanding of patient's dietary needs, likes and dislikes. Patients appeared happy with the meals they were provided. While the majority of patients within the unit being observed ate lunch within the dining room, some patients ate within their bedrooms. It was stressed to nursing staff/manager that staff must assess on a daily basis, the ability of such patients to eat and drink independently in case their needs change. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to medication administration, restrictive practice, patients' weights and the nutritional care of patients.

We observed within one part of the home that some patients' records, which were no longer in use, were not stored securely. The manager assured us that these records were in the process of being archived appropriately. The need to ensure compliance with General Data Protection Regulation (GDPR) was emphasised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality assurance audits.

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 this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care