

Unannounced Follow Up Care Inspection Report 15 October 2019



Beechill

Type of Service: Nursing Home
Address: 12 Royal Lodge Road, Belfast, BT8 7UL
Tel No: 028 9040 2871
Inspector: Dermot Walsh

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 34 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Priscilla Abrenica – 31 May 2019
Person in charge at the time of inspection: Priscilla Abrenica	Number of registered places: 34
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 15 October 2019 from 09.20 to 16.55 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 all areas for improvement identified in the home since the last care inspection. Areas for improvement in respect of the previous finance inspection have also been reviewed and validated as required.

The following areas were examined during the inspection:

- the environment
- staff recruitment
- staff training
- wound management
- restrictive practice
- consultation.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

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	*3	*4

*The total number of areas for improvement includes two under regulation and two under standards which have each been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Pricilla Abrenica, registered manager and Lorraine Kirkpatrick, regional 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 16 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 16 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 QIPs from the previous care and finance inspections
- the previous care and finance inspection reports.

During the inspection the inspector met with seven patients, two patients' relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered 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 and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 7 October 2019
- staff training records
- one staff recruitment and induction file
- seven patient care records
- three nurse in charge competency and capability assessments
- RQIA registration certificate
- a sample of patients' personal property records
- a sample of patients' individual written agreements
- a sample of treatment records for services facilitated within the home for which there is an additional charge to patients.

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

The findings of the inspection were provided to the registered and regional managers at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

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 20 (3) Stated: First time	The registered person shall ensure that registered nurses given the responsibility of taking charge of the home in the absence of the manager first completes a competency and capability assessment for the nurse in charge.	Met
	Action taken as confirmed during the inspection: A random review of three staffs' assessments, who were given the position of in charge of the home in the absence of the manager, evidenced that this area for improvement has now been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that rooms containing obvious hazards to patient safety are not accessible to patients.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has not been met. This will be further discussed in section 6.2.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record of training and competency regarding medicines management is in place for one registered nurse.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the registered nurse's training and competency records evidenced that this area for improvement has now been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 38 Criteria 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that before an offer of employment is made, a reference is obtained from the staff member's present or most recent employer.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of a recently recruited staff members records evidenced that a reference had been obtained from the staff member's most recent employer.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that training, which has been deemed mandatory in the home, is completed in a timely manner and compliance is maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of training compliance records evidenced that this area for improvement has now been met.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall make the necessary arrangements to ensure that personal medication records and medicine administration records pertaining to external preparations are fully and accurately maintained at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of topical medicines and application record and the patient's medicine kardex evidenced that this area for improvement has now been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the management of distressed reactions to ensure that where two medicines are prescribed, parameters for first line and second line treatment are clearly recorded; and the reason for and outcome of any administration of these medicines is documented.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There were no patients in the home that had two medicines prescribed for the management of distressed reactions. However, discussion with staff around the management of this evidenced that this area for improvement can be met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients in the dining room are supervised at all times during their meal and that food is only served when patients are ready to eat or be assisted with their meal.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the mealtime experience evidenced that this was well supervised and patients were only served their meal when ready to eat or be assisted.</p>		

Area for improvement 6 Ref: Standard 4 Stated: First time	The registered person shall ensure that wound care records are maintained in a manner where the plan of care and monitoring of progress on each individual wound is easily distinguishable.	Met
	Action taken as confirmed during the inspection: A review of wound care records evidenced that this area for improvement has now been met.	
Area for improvement 7 Ref: Standard 22 Criteria 2 Stated: First time	The registered person shall ensure that equipment is readily available and used when a restrictive practice is deemed necessary for a patient.	Partially met
	Action taken as confirmed during the inspection: A review of restrictive practices in the home evidenced that this area for improvement has not been fully met. This will be further discussed in section 6.2. This area for improvement has been partially met and has been stated for a second time.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (1) Stated: First time	The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient brings bring into their room.	Not met
	Action taken as confirmed during the inspection: Discussion with staff and a review of two patients' records evidenced that this area for improvement has not been met. This area for improvement has not been met and has been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.13 Stated: First time	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Chiropody treatment records should be available and be maintained in the same manner as hairdressing treatment records (as set out above).</p>	Met
	<p>Action taken as confirmed during the inspection: A review of two patients' treatment records evidenced that this area for improvement has now been met.</p>	
Area for improvement 2 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of two patients' records evidenced that this area for improvement has not been met.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients' written agreements evidenced that this area for improvement has now been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients' written authorisation records evidenced that this area for improvement has now been met.</p>		

6.2 Inspection findings

The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Bedrooms and communal rooms were maintained clean and tidy. New furnishings were observed within a communal area in the home. However, compliance with best practice on infection prevention and control had not been well maintained in identified areas around the home. This was discussed with the manager and identified as an area for improvement.

We reviewed an area in the home which was accessible to patients and where potential harm could come to patients due to the contents in the room. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

A malodour was identified in an area of the home on the morning of the inspection. We reviewed the same area in the afternoon and the malodour remained prevalent. This was discussed with the manager and identified as an area for improvement.

Staff recruitment

We reviewed one recently employed staff member's recruitment records. The recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained including one from the staff member's most recent employer. An area for improvement in this regard has now been met. Records also indicated that AccessNI checks had been conducted appropriately.

Staff training

A record of any training that staff had completed was maintained in the home. Compliance with training was monitored monthly on a training matrix. The overall compliance on the day of inspection was 92 percent. An area for improvement in this regard has now been met. A system was in place to communicate with staff whose training was about to lapse to ensure completion. An annual training planner had been utilised to identify when training was to occur.

Wound management

A monthly wound care analysis was completed in the home to monitor all patients' ongoing wounds until healed. We reviewed one patient's wound care records where the patient had two separate wounds in the same area on their body. Each wound had a separate initial wound assessment conducted on the discovery of the wound. Body maps were completed to identify the actual location of each wound. A separate care plan had been developed for each wound to guide staff in the treatment of the wounds. These care plans were reflective of recommendations from a tissue viability nurse. Ongoing progress of wound treatment was monitored separately on individual wound observation charts. An area for improvement in this regard has now been met.

The patient had been commenced on an oral antibiotic for a suspected wound infection. A care plan had been developed to guide staff on the management of the antibiotic including the frequency and duration of the treatment.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Where required, food and fluid intake had been recorded well. However, on review of the lunchtime experience, a choice of meal depending on nutritional requirement was not evident. This was discussed with the manager and identified as an area for improvement.

Restrictive practice

A report on the overview of the use of restrictive practice in the home was completed monthly. There were no bedrails in use in the home. A monthly audit was completed on the use of alarm mats. Detail included the reason for use, completion of risk assessment and care planning, detail of consent and inclusion in register. However, where one patient's care records necessitated the use of a restrictive practice, on review of the patient's environment the restrictive practice was not evident. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

Consultation

During the inspection we consulted with seven patients, two patients' relatives and six staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients commented:

- "I am very comfortable here."
- "It's not too bad here. Food is good."

The two relatives consulted spoke positively in relation to the care provision in the home. Relatives commented:

- "I find the care very good here. Staff are very nice."
- "We are very happy with the care here. Staff are always very good."

Of the 10 questionnaires left in the home, two were returned; one from a relative and one which did not indicate if it was from a relative or a patient. Both respondents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- "I really enjoy working here."
- "I am very happy here."
- "It is good. Like my second home."
- "It's great. Enjoying it here."

- “I do like it here.”
- “I am very happy and very comfortable working here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

Areas for improvement were identified in relation to compliance in best practice with infection prevention and control, management of a malodour and with individualised meal choice. Areas for improvement in relation to accessible areas where hazards are present, recording of personal possessions, restrictive practice and with quarterly inventory of possessions have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pricilla Abrenica, registered manager and Lorraine Kirkpatrick, regional 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that rooms containing obvious hazards to patient safety are not accessible to patients.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: This has been addressed. A discussion has been held with all the staff that any room containing any hazard to patient safety should not be left opened, unlocked or unattended at all times. The Registered Manager and nurses on duty will monitor compliance during daily walkabouts and random checks around the Home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 15 November 2019</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient brings bring into their room.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: This has been addressed. A discussion has been held with the staff that any furniture and personal possessions brought by the patients family will be recorded, not only on admission, but anytime they bring new items. This will be monitored through the audit process.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure compliance with best practices on infection prevention and control must be developed.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: This has been addressed. A discussion has been held with all staff about infection prevention. A decontamination schedule is now in place that is within policy. Compliance will be monitored as part of the audit process and during the Reg 29 audit completed by the Regional Manager or designated person.</p>

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 22 Criteria (2)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment is readily available and used when a restrictive practice is deemed necessary for a patient.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: This has been addressed. Discussion has taken place with the staff and they are fully aware that if any patient is assessed of requiring any equipment, that the equipment should be in place. If there is any changes with the patient's needs, the patient's care plan should be reviewed and updated. Compliance will be monitored through the audit process and by the Regional Manager during the Reg 29 Audit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14 Criteria (26)</p> <p>Stated: Second time</p> <p>To be completed by: 15 November 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: This has been addressed. A discussion was held with all the staff that the patients personal belongings are to be recorded and to be checked quarterly and needs to be signed by the staff member and countersigned by senior staff. Inventory check to be diarised quarterly.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that the malodour in the identified room is managed effectively.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: This has been addressed. Discussion held with all the staff that any malodour should be eliminated immediately. The Registered Manager and nurses on duty will monitor for compliance during daily walkabouts and random checks around the Home.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a choice of meal is available for all patients regardless of their nutritional requirement.</p> <p>Ref: 6.2</p>
<p>To be completed by: 30 November 2019</p>	<p>Response by registered person detailing the actions taken:</p> <p>This has been addressed. Kitchen staff provide the menu choices in advance. Staff collect the choices from each patient and submit to the kitchen staff to prepare the patients preferred menu. Recording of choices is in place. Compliance will be monitored via the audit process and by the Regional Manager during the Reg 29 audit.</p>

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



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)