

Unannounced Care Inspection Report

24 February 2021



Beechill

Type of Service: Nursing Home (NH)

Address: 12 Royal Lodge Road, Belfast, BT8 7UL

Tel No: 028 9040 2871

Inspector: Liz Colgan

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: Natasha Southall (Registration Pending)	Registered Manager and date registered: Priscilla Abrenica
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: 26

4.0 Inspection summary

An unannounced inspection took place on 24 February 2021 from 08.50 to 14.50 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.

The purpose of the onsite inspection was to be assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures in place were in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of patients, the management notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement were identified in relation to environmental and hygiene issues, infection prevention and control including the use of PPE and decontamination of patient equipment, mandatory training, recording of patients' personal belongings, care records and a quality improvement audit.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

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 which have been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Priscilla Abrenica, 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.

During the inspection the inspector spoke with six patients and five staff. Ten questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide electronic feedback to RQIA. The inspector provided 'Tell Us' cards to be 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.

The following records were examined during the inspection:

- staff duty rota from the 15 February to 7 March 2021
- five patients' care records
- five patients' food and fluid records
- notifications of accidents and incidents
- mandatory training records
- regulation 29 monthly quality monitoring reports
- activity records
- a selection of quality assurance audits
- the certificate of registration.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 15 October 2019.

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 14 (2) (a) Stated: Second time	The registered person shall ensure that rooms containing obvious hazards to patient safety are not accessible to patients.	Met
	Action taken as confirmed during the inspection: Observation confirmed that rooms containing obvious hazards to patient safety were not accessible to patients.	

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (1)</p> <p>Stated: Second time</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> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation confirmed that a record is maintained of the furniture and personal possessions which each patient brings into their room.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Review of infection prevention and control issues identified during the previous inspection evidenced that these have not been fully addressed.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Partially 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 22 Criteria (2)</p> <p>Stated: Second time</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> <hr/> <p>Action taken as confirmed during the inspection: Observation and review of documentation confirmed that equipment was readily available and used when a restrictive practice is deemed necessary for a patient.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 14 Criteria (26)</p> <p>Stated: Second time</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>Partially met</p>
<p>Action taken as confirmed during the inspection: Review of documentation identified that inventory of property belonging to each patient was not always maintained throughout their stay in the home on one floor. The inventory record was also not always reconciled at least quarterly. The record was not always signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the malodour in the identified room is managed effectively.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Review of the identified room confirmed that the malodour in the identified room had been managed effectively.</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>Met</p>
<p>Action taken as confirmed during the inspection: Observation and review of documentation confirmed that a choice of meal was available for all patients regardless of their nutritional requirement.</p>		

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 15 February to 7 March 2021 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID-19 pandemic.

Review of documentation and discussion with staff confirmed that supervision and annual appraisal of staff was regularly provided. The record for mandatory training evidenced that, in most instances, this was not up to date, for example, less than half of the staff had received infection prevention and control training. This issue was discussed with the manager and an area for improvement was made.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “The current situation has improved teamwork.”
- “The manager is very approachable.”
- “I love working here, we are doing everything we can to protect the patients in the current situation.”

6.2.2 Infection prevention and control and personal protective equipment including the environment

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the home and noted that the home was generally clean, tidy, uncluttered and well maintained. There were a number of environmental issues identified on this and the previous inspection which could impact on other infection prevention and control (IPC) measures and effective cleaning practices. These are as follows:

- inappropriate storage in bathrooms (restated)
- a number of waste disposal bins, a shower chair and commode were rusted
- the cleaner’s store on the ground floor was very cluttered, clean mops were stored in the sluice hopper and the sluice hopper was coming away from the wall
- the cleaner’s store on the first floor had inappropriate storage on the floor
- identified floors throughout the home were in need of replacement or deep cleaning.

These issues were discussed with the manager and an area for improvement was made. The area identified at the previous inspection has been stated for the second time.

We observed that PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. There were a number of infection prevention and control (IPC) measures identified on this and the previous inspection. These are as follows:

- two staff did not remove their PPE after a care delivery
- we observed the communal use of patient equipment such as a hoist and sling, this was not cleaned after each patient use. (restated)
- the sharps bin in the treatment room on the ground floor had not been signed or dated on assembly
- single use syringes were being reused
- the infection prevention and control audit; needs further development to include condition and cleanliness of waste bins, the use of masks and dress code.

These issues were discussed with the manager. An area for improvement was made.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all patients and staff had their temperature taken and records for these were available. Signage outlining the seven steps to hand washing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

6.2.3 Care delivery

We observed staff practice in the home and found that interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Patients were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

The manager told us of the importance of maintaining good communication with families whilst visiting was disrupted due to the COVID-19 pandemic. The manager told us that the home follows the "COVID-19 Regional Principles for Visiting in Care Settings Northern Ireland" and arrangements are in place to facilitate relatives visiting their loved ones.

Comments received from patients included:

- "We are well looked after in here."
- "Everybody is so good."
- "I am very happy here."
- "The food is good."

6.2.4 Care records

Five care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to urinary tract infection, catheter care, wound and nutritional care. The care records were generally well completed, however a number of areas were noted for improvement:

- in a care plan of a patient, the photographs of wounds had not been dated to ensure progress could be followed
- a malnutrition universal screening tool (MUST) assessment in a care record had not been calculated correctly and in another the nutritional assessment had not been reviewed since December 2020
- in a care record, the writing was illegible and some entries had been written over.

These areas were discussed with the manager. An area for improvement was made.

A previous area of improvement, which related to maintaining an inventory of property belonging to each patient, had not been fully addressed . This issue was discussed with the manager and the area for improvement was stated for the third time.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. Reviews of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet.

Feedback and observation from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. We reviewed a sample of monthly monitoring reports. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports.

We reviewed a selection of quality improvement audits including falls, bedrails, alarm mats, mattresses, care records, and hand hygiene and found that these had been updated on a monthly basis. The infection prevention and control audit, as previously stated in section 6:2:2, requires further development. An area for improvement was made.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, environmental and hygiene issues, infection prevention and control including the use of PPE and decontamination of patient equipment, mandatory training, recording of patient's personal belongings, care records and a quality improvement audit.

	Regulations	Standards
Total number of areas for improvement	3*	4*

6.3 Conclusion

Throughout the inspection patients were attended to by staff in a respectful manner. Patients appeared comfortable, and those spoken with were happy in the home and with the care provided. Seven areas of improvement were identified including two which were stated for the second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Priscilla Abrenica, 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 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate effect</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: 6:2:2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A meeting was held with staff in relation to IPC issues noted on the day of the visit. Minutes of the meeting are available for those not in attendance who have been advised to read and sign. Supervision sessions have been held with 50% of staff with the remaining staff to undertake supervision by 30th April 21.</p> <p>The Home currently completes a recognised IPC audit monthly which incorporates all areas of the Home at different intervals over a 6 month period. A monthly/environmental IPC audit is also completed monthly and a daily walk round audit a minimal of 3 times per week by both the Home Manager and DM/RN's.</p> <p>Action plans completed following completion of all audits and shared with staff.</p> <p>Home Manager will undertake checks with records available to ensure compliance</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Home Manager has reviewed flooring within the Home and any areas which can not be cleaned effectively are to be progressed by Home Manager for replacement. RN's reminded of the policy on Single use syringes, which will be monitored during the daily walk arounds by HM and during monthly medication audit. Identified shower chair, bedside tables, commodes and bins were replaced. Registered Manager and charge nurses on duty to monitor the environment during daily walk.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection, such as the appropriate use of PPE and patient equipment in relation to individual use and decontamination, are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.2.</p> <p>Response by registered person detailing the actions taken: Supervision and training have taken place with 50% of staff with regards to infection control and prevention. Highlighted the importance of appropriate use of PPE. This will be monitored using the weekly PPE observation tool. During a staff meeting equipment decontamination after every use was discussed with minutes available for those not able to attend. Decontamination records are in place and Registered Manager will monitor these monthly. Registered Manager and the nurse in charge to observe the staff to ensure compliance.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2021</p>	<p>The registered person shall ensure that mandatory training is up to date.</p> <p>Ref: 6:2:1</p> <p>Response by registered person detailing the actions taken: A Training matrix is in place. Mandatory training for IPC has increased to 78% with the remaining staff to be compliant by 30 April 21.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2021</p>	<p>The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.</p> <p>Ref: 6.2.4.</p> <hr/> <p>Response by registered person detailing the actions taken: Review undertaken of all wounds in the Home to include care plans and photographs. All photographs now up to date and dated and signed. Registered Manager will monitor compliance undertaking a Wound TRaCA audit on wounds and on completion of the monthly Tissue Viability audit. Wound competencies in place for all RN's. Training to be arranged via Trust as additional support. The Registered Manager has had a formal discussion with the identified RN in relation to legibility of writing and support to be offered as needed to this RN. Registered Manager to monitor and records of checks to be maintained. A Nutrition audit was completed to include a review of MUST scores to ensure calculated correctly. The outcome was discussed with staff however MUST training is to be arranged for staff.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14 Criteria (26)</p> <p>Stated: Third time</p> <p>To be completed by: Immediate effect</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: 6.2.4.</p> <hr/> <p>Response by registered person detailing the actions taken: Inventory of belongings was discussed at the recent staff meeting. Staff advised that all property should be reconciled at least quarterly and signed by 2 staff. When rewriting documentation inventories to be transcribed over to new record. Any new items of property to be included on the property list. Registered Manager to monitor during care file audits.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control audit is reviewed as outlined in the report.</p> <p>Ref: 6.2.6.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Home currently completes a recognised IPC audit monthly which incorporates all areas of the Home at different intervals over a 6 month period</p>

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



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