



Unannounced Care Inspection Report 21 August 2018



Belmont

Type of Service: Nursing Home (NH)

Address: Parklands Close, 81 Tillysburn Park, Belfast, BT4 2PD

Tel No: 028 9076 3408

Inspector: Kieran McCormick

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.

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 48 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Maureen Claire Royston	Registered Manager: Janice Brown – (Acting Manager)
Person in charge at the time of inspection: Shauna Rooney – Registered Nurse	Date manager registered: Janice Brown – application not yet submitted
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 48

4.0 Inspection summary

An unannounced inspection took place on 21 August 2018 from 10.10 to 15.10 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 Care Standards for Nursing Homes 2015.

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 the holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding and governance arrangements. Other notable areas of good practice were also found in relation to record keeping, teamwork, understanding of roles and responsibilities and completion of Regulation 29 monitoring visits.

Areas requiring improvement were identified in relation to the availability for inspection of induction records, inappropriate storage of equipment with bathroom areas and the mealtime experience.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Shauna Rooney, Registered Nurse and Ruth Burrows, Resident Experience Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 6 August 2018

The most recent inspection of the home was an unannounced pharmacy inspection undertaken on 6 August 2018. 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

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with six patients, nine staff and with two patients' visitors/representatives. Ten patients' questionnaires and ten 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 nurse in charge with 'Have we missed you cards' 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 on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 12 to 26 August 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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 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 the most recent inspection dated 6 August 2018

The most recent inspection of the home was an unannounced pharmacy inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next pharmacy inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 May 2018

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 12 (1) (a) (b) Stated: Third time	<p>The registered person must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • That all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multi professional care team. • That the delivery of care complies with the recommendations of the multi professional team and relevant care plans at all times. Any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale. <p>This matter is stated for a third and final time.</p>	Met
	<p>Action taken as confirmed during the inspection: Care records reviewed for three patients' evidenced compliance with this area for improvement.</p>	
Area for improvement 2 Ref: Regulation 12 (2) (a) (b) Stated: Second time	<p>The registered person shall ensure that patients care records accurately reflect the type of mattress required and the prescribed setting for individual patients. Governance arrangements should be established to ensure ongoing compliance with the prescribed settings.</p>	Met
	<p>Action taken as confirmed during the inspection: Care records reviewed for three patients evidenced that the type of mattress in use and settings required were in keeping with individual patient need and reflected in the care records.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the care plans and assessments for all patients are reviewed and evaluated at least monthly or more frequently if required.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care plans and assessments reviewed for three patients evidenced that these had been reviewed and evaluated on at least a monthly basis.</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 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that patients care records must only contain the current and live plan of care for the identified area of need.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care records reviewed for three patients evidenced that only current plans of care were on file.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 35.7</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that following completion of any audit that where a shortfall/action has been identified a corresponding action plan is implemented to address this.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a selection of audits evidenced a supporting action plan in place for addressing identified issues.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a detailed and hollistic plan of care is generated for each patient and completed within five days of admission to the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care records reviewed for three patients evidenced holistic plans of care in place following admission to the home.</p>		

Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that a robust and individualised system is established for the bowel management of patients in the home. Evidence should also be retained of active measures taken to address gaps in bowel activity.	Met
	Action taken as confirmed during the inspection: Individualised bowel management records were appropriately completed, maintained and monitored in each of the three patients care records reviewed.	

6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge confirmed the planned daily staffing levels for the home. A review of the staffing rota from 13 to 26 August 2018 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff who met with the inspector were satisfied that there was sufficient staff on duty to meet the needs of the patients, but voiced concerns of feeling under pressure when working regularly with agency staff, this information was shared with those present at the feedback of the inspection. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Belmont.

Review of two staff recruitment files evidenced that these were largely maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment, however completed induction records for both staff files were not available, an area for improvement under the standards was made. Records reviewed evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records and noted that records were maintained appropriately and notifications were submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the nurse in charge and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining room and storage areas. One storage area was noted to be untidy; this was discussed with staff on duty and was addressed prior to the conclusion of the inspection. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. However in two bathroom areas the inspector observed a number of items inappropriately stored, this was discussed with the nurse in charge and an area for improvement under the standards was made.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was consistently adhered to.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and monitoring alarms. There was also evidence of consultation with relevant persons.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff management, adult safeguarding, governance and risk management.

Areas for improvement

Areas for improvements under the standards have been made in relation the availability of induction records for inspection and the inappropriate storage of equipment in bathrooms.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Review of three patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care plans were person centred and were evaluated monthly.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to liaising with other members of the multi-professional team, teamwork and communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 10.10 and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining room or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The inspector observed a number of activities taking place both indoors and outdoors throughout the time of the inspection.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed discreetly assisting patients with their meal. Condiments were available for patient use if required. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. However the inspector observed the dining room on the ground floor to have been left unattended whilst patients were eating their meal, the meal time experience in the dining room was not being overseen by a registered nurse. Food leaving the dining room on the ground floor was also observed to have been transported uncovered. These concerns were discussed with the nurse in charge and an area for improvement under the standards was made.

Consultation with six patients individually, and with others in smaller groups, confirmed that they were happy and content living in Belmont. 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.

At the time of writing this report no responses to questionnaire, left in the home for patients and their representatives, had been received by RQIA.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, staff knowledge of patients' wishes, preferences and assessed needs.

Areas for improvement

An area for improvement under the standards was made in relation to the mealtime experience.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home; the inspector was advised that a new deputy manager had recently been appointed. 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 certificate of registration issued by RQIA was appropriately displayed in the home. The nurse in charge was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. A valid certificate of employer's liability insurance was also displayed.

Since the last inspection the registered manager has resigned and the regional manager is currently overseeing the home as the acting manager. The inspector was advised that recruitment for a new registered manager was currently being progressed by FSHC senior management. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The complaints procedure was displayed in areas throughout the home.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition, robust measures were also in place to provide the manager with an overview of the management of wounds, patients' weights, restraint and use of bed rails.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the nurse in charge and 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shauna Rooney, Registered Nurse and Ruth Burrows, Resident Experience 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 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 39</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that induction records for all new staff working in the home are completed and records are retained within the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The induction records as identified during the inspection were available within the Home and were stored in the Agency Induction file. 4 new staff commenced in September have had their inductions commenced and this will be monitored within the Regulation 29 Report.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that bathroom areas are not used for the inappropriate storage of equipment.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Bathrooms are observed as part of the Daily Walkabout audit and the findings documented. Practice supervision will be conducted with staff on duty if inappropriate items are found in the bathrooms.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the dining room is appropriately supervised at all times when patients are eating and that food leaving the dining room is suitably covered.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The Dining rooms will be supervised at all times. This will be reinforced at Staff meetings and will be further monitored via the monthly Dining Room Audit, Daily Walkabout and the Regulation 29 Report.</p>

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



The **Regulation** and
Quality Improvement
Authority

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)

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