



Unannounced Care Inspection Report 30 September 2020



Belmont

Type of Service: Nursing Home (NH)
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Belfast, BT4 2PD**
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Inspector: Heather Sleator

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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 48 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Aleyamma George – 15 June 2020
Person in charge at the time of inspection: Aleyamma George	Number of registered places: 48
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 patients accommodated in the nursing home on the day of this inspection: 35

4.0 Inspection summary

An unannounced inspection took place on 30 September 2020 from 09.30 to 18.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Two areas for improvement were identified regarding the arrangements at mealtimes and the correct protocols for the donning and doffing of personal protection equipment.

Patients said that they felt they were well cared for by staff and commented, "I think it's fantastic here, night staff are very helpful."

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Aleyamma George, position, 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 met with nine patients individually and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided the manager with 'Tell us' 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.

The following records were examined during the inspection:

- staff duty rotas from 7 September to 30 September 2020
- three staff competency and capability assessments
- three patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- a sample of governance audits/records

- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 June 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 7.5 Stated: First time	The registered person shall ensure that the staffing arrangements in the home and comments made during the inspection are considered and discussed with patients and staff.	Met
	Action taken as confirmed during the inspection: We spoke to patients and staff during the inspection. No issues or concerns regarding the staffing arrangements were raised. The review of the duty rota evidenced that the rota was adjusted, as far as possible, in respect of short notice staff sickness.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that the nurse call bell in patients' bedrooms is readily accessible to patients at all times.	Met
	Action taken as confirmed during the inspection: We observed that the patient call bells were readily accessible for ten patients who were on continuous bed rest.	

Area for improvement 3 Ref: Standard 6.14 Stated: First time	The registered person shall ensure that patients' personal care and grooming needs are fully attended to when being assisted by staff.	Met
	Action taken as confirmed during the inspection: Information was present in patients' care plans for those patients who preferred not to wear leg and foot coverings.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "I could go to the deputy and then Mrs George (manager) if I needed to."
- "This is a good home and there's enough staff."
- "You can speak to anyone if you have a problem."

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going.

We reviewed the minutes of staff meetings which confirmed that staff meetings were frequent with the last meeting being held in June 2020. A meeting with the registered nurses and care staff was scheduled for the day of the inspection, this was postponed. However, the manager confirmed that the scheduled meeting with night staff would go ahead. Records of those in attendance were being maintained.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and handover reports alongside the scheduled training date. However, in discussion with staff there was confusion regarding the 'donning' and 'doffing' of personal protection equipment (PPE). This was discussed with the manager and has been identified as an area for improvement.

Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that information was recorded. Records were available at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Visiting arrangements were pre-arranged with staff and an area in the home had been designated for visiting. The location of the area meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

Due to the current pandemic environmental work in the home was either suspended or prioritised to essential maintenance. We observed that the flooring in the nurses' station on the first floor showed significant signs of wear and tear. This was brought to the attention of the manager who stated that replacement flooring had already been ordered. The importance of viewing this as a priority was discussed with the manager due to infection prevention and control measures.

The fire risk assessment was dated December 2019. The recommendations made as a result of this assessment were not available in the home at the time of the inspection. The manager subsequently emailed the action plan of the recommendations made to RQIA on 1 October 2020. The action plan evidenced that the recommendations had been addressed and the date on which they were actioned.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed a staff member assisting a patient from the bathroom to their bedroom. This was not undertaken in a manner to promote the dignity of the patient and was brought to the attention of the manager. The manager agreed to address this issue with the staff member and the wider staff team.

Some comments made by patients included:

- “They’re very good to me here.”
- “Staff are kind; I got mixed up in the time of day and thought it was lunchtime when it was the middle of the night, staff made me tea and toast.”
- “It’s lovely here.”
- “Quite a lot of agency staff during lockdown, Mrs George (manager) has time for you, feel she listens to me.”
- “I think it’s fantastic here.”
- “There really is enough of them (staff).”
- “Night staff are very helpful.”

There was one questionnaire completed and returned to RQIA by a patient. The patient indicated that they were very satisfied with the standard of care and quality of service available in the home. Two questionnaires were received from patients’ representatives. The respondents indicated that they were very satisfied with the care and services afforded by the home and additional comments included were:

- “My relative is fairly new resident to Belmont and I have found all staff to be caring and attentive to both my relative and family.”
- “Excellent and caring staff, my relative is well looked after.”

We met with the relative of a patient who had recently passed away. The relative was very appreciative of staff and commented:

- “I’ve been overwhelmed with the help and support from the staff and their compassion and dignity.”
- “Couldn’t speak highly enough of staff, so, so supportive.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients’ social, spiritual and recreational needs. The planned activities programme was displayed on both floors of the home.

A harvest service had been organised for the patients to enjoy at the time of the inspection. The personal activities leader (PAL) had worked in the home for a number of years and we observed that she was well known and welcomed by patients.

We observed the serving of the lunchtime meal and found this to be a pleasant and unhurried experience for patients. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences. However, we observed that staff did not always sit down beside patients when assisting them with their meals and that the music being played in the ground floor dining room was not age related or familiar to the patients. This has been identified as an area for improvement.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. The records were written in a professional manner and used language which was respectful of patients.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes and evaluations of care confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting patients' needs, as required.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A patient commented: "Mrs George (manager) always has time for you, feel she listens to me."

There were numerous 'thank you' cards displayed and comments included:

- "I was very impressed by how well visiting was organised and facilitated. Staff were very assuring and courteous to me throughout my visit and explaining the need for PPE. I have huge respect and sympathy for all the care home staff working at this really difficult time.
Relative- July 2020
- "Any concerns I had were addressed anytime I rang, I got a full picture of my relative's health, mind-set and eating habits, the staff kept me very reassured during a worrying time."
Relative- August 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff.

Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred and medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The manager stated that there were no adult safeguarding investigations on-going at the time of the inspection.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for June, July and August 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified in relation to the mealtime arrangements and the correct procedure for the 'donning' and 'doffing' of personal protection equipment (PPE).

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout the inspection, patients within the home were attended to by staff in a respectful manner. The environment was clean, homely and tidy. Feedback from patients evidenced that they were very satisfied with the standard of care being provided. Two areas for improvement were identified regarding the mealtime arrangements and personal protection equipment.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aleyamma George, Registered 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 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that all staff are aware of and are familiar with the correct procedure for the donning and doffing of personal protection equipment.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Staff supervision carried out and will be continued for newly appointed staff and to ensure that all staff are familiar and compliant with the correct procedure for donning and doffing of personal protection equipment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that the arrangements at mealtimes are reviewed and that staff are aware of the need to sit beside patients when assisting them with their meal. If music is being played during the meal service it should be familiar to and appropriate to the patients.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Staff supervision and dining / mealtime audits are carried out to ensure resident's mealtime experience enhanced. The music will be appropriate to the resident's choice and interest.</p>

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



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