



Unannounced Care Inspection Report 6 June 2018



Windsor Care Home

Type of Service: Nursing Home (NH)
Address: 69 Osborne Park, Belfast, BT9 6JP
Tel No: 028 9066 5598
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 40 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Elaine Allen
Person in charge at the time of inspection: Elaine Allen – Registered Manager	Date manager registered: 10/02/2017
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: 40

4.0 Inspection summary

An unannounced inspection took place on 6 June 2018 from 09.35 hours to 16.20 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 monitoring the professional registration of staff; management of accidents and incidents, communication with the multiprofessional team and governance processes which focus on quality assurance and service delivery.

Three areas for improvement under regulation were identified in relation to the completion of pre-employment checks, safe disposal of pharmaceutical waste and the management of pressure relieving equipment.

One area for improvement under the standards was identified in relation to the contemporaneous completion of supplementary care records.

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.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Elaine Allen, registered 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 11 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 January 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, 10 staff, one visiting professional and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

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 14 May 2018 to 17 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient supplementary care records
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of employers liability
- 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 January 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 11 January 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 29 Stated: First time	The registered person shall ensure that copies of the quality monitoring report is available in the nursing home; in accordance with The Nursing Homes Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Monitoring reports from January to May 2018 were available and reviewed as part of the inspection process.	

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 registered manager confirmed the planned daily staffing levels for the home. Evidence reviewed on the day of inspection confirmed that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels. However, one patient representative expressed concerns to us regarding staffing levels in the home. These concerns were shared with the registered manager for their attention. 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. Staff 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.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis, accidents and incidents occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Review of notification records evidenced that notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Patients' bedrooms were personalised with photographs, pictures and personal items. Fire exits and corridors were observed to be clear of clutter and obstruction.

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

Review of two staff recruitment files evidenced that these had not been consistently maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, they did not provide assurances that a reference from the most recent employer had been sought, employment history explored and employment gaps explored. An area for improvement under the regulations was made.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). A review of the NISCC records evidenced that five staff had not applied for their NISCC registration, this was discussed with the management team who agreed to immediately address.

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

During a review of the environment we observed a pharmaceutical waste bucket in an area accessible to patients, visitors and unauthorised staff. This bucket was full of disposed medications and was not appropriately closed. This was brought to the attention of a registered nurse who immediately returned the box into a secure treatment room whilst awaiting collection for removal. An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Two areas for improvement under regulation were made in relation to the completion of pre-employment checks and safe management of pharmaceutical waste.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A review of a sample of supplementary care charts, such as food/fluid intake records, evidenced that these had not been maintained in accordance with best practice guidance, care standards and legislative requirements. While staff who were spoken with demonstrated an awareness of the importance of contemporaneous record keeping, a review of the food and fluid records for four patients highlighted that these had not been completed contemporaneously. Discussion with nursing staff and observation of the patient provided assurance that the patient's food and fluid intake needs had been met. This deficit with regards to care records was highlighted to the registered manager and an area for improvement under the standards was made.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN), dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines.

Review of the care record for one patient requiring ongoing enteral feeding confirmed that a comprehensive and person centred care plan was in place which accurately referred to current dietetic advice which was available within the patient’s care file. Discussion with nursing staff on duty provided assurance that they had a good understanding of the patient’s enteral care needs.

Care records for one patient requiring ongoing wound care were also reviewed. These records evidenced that appropriate risks assessments and care plans were in place. Supplementary wound care records were completed in a comprehensive and consistent manner which accurately reflected the plan of care. We noted that for patients being nursed on pressure relieving mattresses that the mattress had been set for a patient weight significantly different to that of the individual person. An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff, other key stakeholders and with the multi-professional team.

Areas for improvement

One area for improvement under the regulations was highlighted with regards to the management of pressure relieving equipment.

One area for improvement under the standards was highlighted with regards to the completion of supplementary care records.

	Regulations	Standards
Total number of areas for improvement	1	1

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 09.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges 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.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

In addition to speaking with patients, their relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA. One response was received with the staff member stating they were either satisfied or very satisfied regarding the delivery of safe, effective, compassionate and well led care.

At the time of writing this report, two questionnaires from relatives were returned within the specified timescale, written comments were included on the questionnaires and included “my mother was extremely well treated and was very pleased to have received such good care”, another comment included “my mother was looked after and cared for to the highest standard, nothing but praise for the staff”. Responses received from relatives indicated satisfaction across the four domains of safe, effective, compassionate and well led care. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

The inspector welcomes the appointment of a new Patient Activity Liaison staff member who had been appointed two weeks prior to the inspection. The inspector observed a number of activities being provided on the day of inspection. This area of care will be further reviewed and assessed at the next inspection.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. The registered manager stated that they operated an open door policy and welcomed feedback from staff, patients and their representatives. Relatives who met with the inspector confirmed that they had taken the opportunity to discuss matters of concern with the registered manager. Cards and letters of compliment and thanks were displayed in the home.

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 assisting patients with their meal appropriately. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments. 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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 registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management were responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of employer's liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

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

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

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.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis. Staff confirmed that such meetings were held.

A review of governance records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided; audits were completed regularly by the registered manager and/or other senior staff within the home. These audits focused on various areas including: the environment, documentation, care and medication.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes relating to quality assurance/service delivery, and staff management.

Areas for improvement

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

	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 Elaine Allen, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all aspects of pre-employment checks are completed prior to the commencement of employment of any staff.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The Home Manager will ensure that a reference is obtained from the applicants most recent employer, where possible, employment history will be explored with the candidate at interview and any gaps noted in their employment history explained.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that medicines prepared for disposal are stored securely at all times whilst in the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Home Manager has undertaken supervision with nursing staff to ensure that the room where medication disposal bins are stored is locked at all times. Spot checks will be carried out to ensure compliance is achieved</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that governance arrangements are established to ensure ongoing compliance with the prescribed settings for individual patients who require the use of a pressure relieving mattress.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: A FSHC checklist has been introduced and pressure relieving mattresses are checked on a daily basis to ensure that mattress settings are correct and in accordance as per care plan and patients weight.</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 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient supplementary care records are contemporaneously and accurately maintained at all times.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager and Deputy Manager continue to audit supplementary care records, a random selection of records is also selected by nursing staff . The importance of record keeping has been discussed at a recent staff meeting, and supervisions with staff have taken place.</p>

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



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