



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 12 December 2019



## Windsor Care Home

**Type of Service: Nursing Home**  
**Address: 69 Osborne Park, Belfast BT9 6JP**  
**Tel No: 028 9066 5598**  
**Inspector: Dermot Walsh**

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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 registered nursing home which provides care for up to 40 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Josette Fernandez – acting
<b>Person in charge at the time of inspection:</b> Josette Fernandez	<b>Number of registered places:</b> 40
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36

### 4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 08.55 to 17.15 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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. Areas for improvement in respect of previous medicines management inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, adult safeguarding, monitoring of staffs' professional registrations, the environment, risk assessment, staff handover, management of complaints and quality improvement. Further good practice was found in relation to the delivery of compassionate care, teamwork and maintaining good working relationships.

Areas requiring improvement were identified in relation to oxygen therapy, the monitoring of a patient following an unwitnessed fall and with an identified patient's nutritional requirements. An area for improvement in relation to the recording of supplementary record keeping has been stated for the third time.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them, other professionals and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	*4

\*The total number of areas for improvement includes one which has been stated for the third time.

Details of the Quality Improvement Plan (QIP) were discussed with Josette Fernandez, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 24 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff week commencing 2 December 2019

- 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
- one staff recruitment and induction files
- four patient care records
- a sample of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> Second time	The registered person shall ensure that medicines prepared for disposal are stored securely at all times whilst in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Medicines had been stored securely prior to disposal.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 12 (2) (a) (b) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Pressure mattress settings had been included in patients' care plans. A random review of two patients' mattress settings evidenced that these	

	were correct.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 <b>Stated:</b> First time	The registered person shall ensure that sluice and domestic store rooms throughout the home are locked at all times when used for the storage of chemicals.  <b>Action taken as confirmed during the inspection:</b> Chemicals were not found accessible to patients in any area in the home. Appropriate doors had been locked.	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.  <b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that this area for improvement has now been met.	<b>Met</b>
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 19 (5) <b>Stated:</b> First time	The registered person shall ensure that confidential patient records are safely and securely maintained at all times.  <b>Action taken as confirmed during the inspection:</b> Patient care records were maintained electronically and were not accessible without a password.	<b>Met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure that patient supplementary care records are contemporaneously and accurately maintained at all times.  <b>Action taken as confirmed during the inspection:</b> A review of two patients' repositioning records evidenced that this area for improvement has not been fully met.  This area for improvement has been partially met and has been stated for the third time.	<b>Partially met</b>



Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall review and revise the storage arrangements for medicines to ensure that there is sufficient storage space for medicines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Additional storage space had been created and medicines were stored securely.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 2 December 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients spoke positively in relation to the care provision and raised no concerns regarding the staffing arrangements. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff members commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Compliance with staff training was monitored monthly on a training matrix. The compliance with staff training was at 94 percent.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager confirmed that there had not been

any ongoing or recent safeguarding concerns in relation to the home. An adult safeguarding champion had been identified to review any safeguarding concerns.

Falls risk assessments and care plans had been developed and updated regularly or following a fall. We reviewed one patient’s accident records following an unwitnessed fall. The records did not evidence that neurological observations had been checked appropriately and monitored for 24 hours following the fall. This was discussed with the manager and identified as an area for improvement. The relevant persons had been notified of the fall.

We reviewed the home’s environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. Compliance with best practice on infection prevention and control had been well maintained. Isolated areas identified were managed during the inspection. We reviewed two rooms where oxygen therapy was in progress. There was no signage on the doors leading to the room to identify the use of oxygen. This was discussed with the manager and identified as an area for improvement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, adult safeguarding, monitoring of staff professional registrations and with the environment.

**Areas for improvement**

Areas for improvement were identified in relation to oxygen therapy and with the monitoring of a patient following an unwitnessed fall.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.4 Is care effective?**

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

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Patients spoken with also expressed their confidence in raising concerns with the home’s staff and/or management.

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 them with all necessary information to provide care to patients. Pre-printed handover sheets were made available to staff containing relevant patient information.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain.



Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience on the lower ground floor. Lunch commenced at 12.45 hours. Patients dined in one of the main dining rooms or at their preferred dining area such as their bedroom or the lounge. Tables had been laid appropriately for the meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Patients’ dietary requirements were included on a printed staff handover sheet. However, we reviewed one patient’s nutritional requirements and found conflicting evidence within the patient’s care records and from discussion with a staff member. This was discussed with the manager and identified as an area for improvement. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised.

Patients’ risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. We reviewed one patient’s wound care records. Wound care records were maintained appropriately. The wound care plan contained a clear wound dressing regime. However, we identified gaps within two patients’ repositioning records. This was discussed with the manager and an area for improvement in regards to the recording of supplementary care has been stated for the third and final time.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient’s care records of an initial assessment completed to ensure safe use. This assessment informed the patient’s care plan. The continued use of restraint was monitored at the evaluation of the patients’ care plans.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment, staff handover and with teamwork.

**Areas for improvement**

An area for improvement was identified in relation to an identified patient’s nutritional requirements. An area for improvement in relation to the recording of supplementary care has been stated for the third time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 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.**

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients’ doors before entering and personal

care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff were aware of gender preferences for the provision of personal care to patients. Staff interactions with patients were observed to be both caring and timely.

A Christmas party had been arranged for 19 December 2019. The invitation had been extended to all patients, relatives and staff. A visit from Santa had also been arranged in the Intermediate Care Centre on Christmas Eve.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- “To all the great staff in Windsor. Thank you all so much for all your care and attention. It was very very greatly appreciated. You are a great bunch.”
- “My grateful thanks to all the members of staff for their kind care and attention and for getting me back on my feet again so quickly.”

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Windsor was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “It’s very good here. Staff are very good. Can’t praise them enough.”
- “Everything is fine here. I can’t complain.”
- “The care here is A+++ . It’s outstanding. Just had a lovely evening with carol singers.”
- “The staff are excellent. Will do anything you need.”
- “It is very good. I am very happy here.”

One patient’s representative was consulted during the inspection. The representative was very complimentary in regards to the care provision in the home. Patient representatives’ questionnaires were left for completion. None were returned.

Two visiting professionals were also consulted during the inspection. Both professionals were complimentary in regards to the treatment of patients in the home and the competency of the staff.

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

- “It’s good. There is good support from the manager and other colleagues.”
- “I love it here.”
- “I am happy working here.”
- “It’s good. Always good support. Good team.”
- “I love it.”

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

## Areas of good practice

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

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and infection prevention and control.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals. Action plans were included within the monthly reports in response to any shortfalls identified and a review of the previous month's action plan identified if the action had been fully completed.

Discussion with the manager and review of records evidenced that notifiable events had been reported to RQIA as required in legislation.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

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

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Josette Fernandez, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Third time  <b>To be completed by:</b> 12 January 2020	The registered person shall ensure that patient supplementary care records are contemporaneously and accurately maintained at all times.  Ref: 6.1 and 6.4  <b>Response by registered person detailing the actions taken:</b> Epic TouchCare completion details for supplementary care documentation revisited and Staff supervision done.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> 12 January 2020	The registered person shall ensure that neurological observations are monitored for 24 hours following any patients' fall where the patient has a head injury or the potential for a head injury.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> Staff supervision on adherence to FSHC Neurological Observations Policy done.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that oxygen signage is used to signify the use of oxygen therapy where this is appropriate.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Oxygen signage had been put in placed immediately. Staff supervision done relating to Management of Oxygen Policy.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 19 December 2019	The registered person shall ensure that the identified patient's nutritional needs are reviewed, consistently referenced in their care records and relayed to all relevant staff.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Identified patient's changing nutritional needs reviewed with particular Allied Health Professional. Care plan updated and staff informed of the recommended dietary requirements.

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



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