



Unannounced Care Inspection Report 24 January 2019



Windsor Care Home

Type of Service: Nursing Home (NH)

Address: 69 Osborne Park, Belfast BT9 6JP

Tel No: 028 9066 5598

Inspectors: Kieran McCormick & Joanne Peake

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): Maureen Claire Royston	Registered Manager: Josette Fernandez – acting manager
Person in charge at the time of inspection: Josette Fernandez – acting manager	Date manager registered: Josette Fernandez – 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: 40

4.0 Inspection summary

An unannounced inspection took place on 24 January 2019 from 10.15 to 15.00 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 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 quality monitoring, communication and maintaining good working relationships, the meal time experience, dignity and privacy, listening to and valuing patients, staff knowledge of patients' wishes, preferences and assessed need.

Areas requiring improvement were identified in relation to concerns with the management and safe storage of chemicals and patients confidential records throughout the home and identified infection prevention and control issues.

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.

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	*5	*1

*The total number of areas for improvement includes two under regulation which have been stated for a second time and one under the standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Josette Fernandez, manager and Janice Brown, regional 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 23 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 October 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
- written and verbal communication received since the previous care inspection
- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with two patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' 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 inspectors provided the manager with 'Have we missed you 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. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 14 and 21 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- a sample of governance audits
- complaints records
- two staff recruitment and induction files
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- RQIA registration certificate
- certificate of employer's liability insurance
- 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 or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 6 June 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 21 Stated: First time	The registered person shall ensure that all aspects of pre-employment checks are completed prior to the commencement of employment of any staff.	Met

	<p>Action taken as confirmed during the inspection: Review of records for two recently recruited staff confirmed that all necessary pre-employment checks were in place prior to the commencement of employment.</p>	
<p>Area for improvement 2 Ref: Regulation 13 (4)(a) Stated: First time</p>	<p>The registered person shall ensure that medicines prepared for disposal are stored securely at all times whilst in the home.</p> <p>Action taken as confirmed during the inspection: The inspectors observed a large quantity of pharmaceutical waste stored in an unlocked area of the home, freely accessible to patients, visitors and unauthorised staff, adjacent to a patient dining area.</p> <p>This area for improvement has not been met and has been stated for second time.</p>	<p>Not met</p>
<p>Area for improvement 3 Ref: Regulation 12 (2) (a)(b) Stated: First time</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>Action taken as confirmed during the inspection: Review of care records, for two identified patients who were in receipt of wound care and in use of pressure relieving equipment, confirmed that the incorrect setting was in use on both patients' mattress and that the individual care plans did not include the type of mattress or required setting to be used.</p> <p>This area for improvement has not been met and has been stated for second time.</p>	<p>Not met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient supplementary care records are contemporaneously and accurately maintained at all times.	Not met
	Action taken as confirmed during the inspection: Supplementary care records reviewed for three patients had not been completed on the day of inspection to evidence the care delivered. In the case of one of these patients records had not been completed for the day prior to the inspection. This area for improvement has not been met and has been stated for second time.	

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 manager confirmed the planned daily staffing levels for the home. A review of the staffing rota for week beginning 14 and 21 January 2019 evidenced that the planned staffing levels were adhered to. However, the inspectors noted the home was heavily dependent on agency staff; this was discussed with the manager who provided detailed assurances of the recruitment measures in place to employ permanent care staff. The duty rota also reflected the hours worked by the manager and the capacity in which hours were worked. Observations throughout the home 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. Observation of the delivery of care evidenced that care and nursing staff were notably busy throughout the day; however, patients' needs were met by the levels and skill mix of staff on duty and staff attended to patients' needs in a timely and caring manner.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Windsor Care Home.

A review of records evidenced that appropriate risk assessments had been completed to help inform individual patient need. These assessments informed the care planning process. There was also evidence of consultation with relevant persons.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, a dining room and storage areas. 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, observations of the sluice rooms throughout the home and an identified domestic store evidenced that all were unlocked; this raised concerns regarding the safe storage of chemicals. This was discussed with the manager and an area for improvement under the regulations was made.

Observation of the environment also raised concerns regarding the management of infection prevention and control. This included staining on identified patient equipment; broken pedal bin; light cords in bathrooms not covered so to ensure effective decontamination; paper signs not laminated in bathrooms; insufficient supply of PPE dispensers and hand sanitiser on an identified unit; and splash back from hand sanitiser observed on a number of walls throughout the home. These concerns were discussed with the manager for their urgent attention and an area for improvement under the regulations was made.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed and agency staff completed a structured orientation and induction programme at the commencement of their employment.

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 the NISCC.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and the home's environment.

Areas for improvement

The following area was identified for improvement in relation to the safe storage of chemical and identified infection prevention and control issues.

	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.

Review of five patients' care records evidenced that care plans were in place to direct the care required and reflected the individualised assessed needs of the patients. Care records were consistently reviewed/evaluated by registered nursing staff. Care records contained details of specific care requirements and a daily record from care and registered nursing staff was

maintained to evidence the delivery of care. Care records reviewed for the five patients who required the use of prescribed pressure relieving equipment did not consistently reflect the individual assessed needs of each patient. Review of the actual equipment in use however for two of the five patients, evidenced that a setting was in use on pressure relieving equipment that was not in keeping with the actual weight of the patient. This was discussed with the manager for their attention and a previous area for improvement under the regulations has been stated for a second time.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Trust care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts were evidenced as being contemporaneously maintained.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

We reviewed supplementary care records for three patients; records reviewed were not contemporaneously maintained, with no records completed in each case for the delivery of care for the morning or afternoon of the inspection, and gaps in recording for previous days. This was discussed with the manager for their attention and a previous area for improvement under the standards has been stated for a second time.

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

Areas of good practice

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

Areas for improvement

No new 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 10.15 hours and were greeted by the manager who was helpful and attentive. Patients were observed seated in the lounge areas or were in the comfort of their own bedroom area. 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.

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. Discussion with staff and observations confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients' varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

The inspectors met with two agency care staff who stated:

"...I really love coming to work shifts in Windsor."

"...I received a great induction, one of the best".

Confidential patient records were observed to have not been maintained on the day of inspection in accordance with best practice guidance; this included confidential patient records left on display in the first floor dining room, and three boxes of confidential patient records unsecured in the hairdressing salon. This was discussed with the manager and an area for improvement under the regulations was made.

Observations, discussion with staff and review of the activity information evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of inspection the inspectors observed activities being delivered.

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 lunch time meal. Patients were assisted to the dining area or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Care and kitchen 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. Staff were observed to be promptly and attentively attending to patient's needs. Staff were calm in their approach and provided reassurance to patients who appeared distressed. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. The meal time was overseen by a registered nurse.

Consultation with two patients confirmed that they were happy and content living in Windsor. 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.

Cards and letters of compliment and thanks were retained in the home; comments recorded included:

"...kind attention and gracious care."

"...care and attention from all staff has been exceptional."

"...many thanks for your loving care."

There were no responses received from relatives or patient representative questionnaires.

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 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 meal time experience, staff knowledge of patients' wishes, preferences and assessed needs.

Areas for improvement

An area for improvement under the regulations was made in relation to the safe storage and management of confidential patient records.

	Regulations	Standards
Total number of areas for improvement	1	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 manager and staff evidenced that there was a clear organisational structure within the home. All staff who we spoke with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home.

The certificate of registration issued by RQIA was appropriately displayed in the home. The manager 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.

Since the last inspection there has been a change in management arrangements. The organisation is currently recruiting to appoint a permanent registered manager. A review of the duty rota evidenced that hours worked by the manager had been recorded on the duty rota. Discussion with staff 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.

Discussion with the manager and a review of records evidenced that a number of audits were completed to assure the quality of care and services.

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

Discussion with the manager 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 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 Josette Fernandez, manager and Janice Brown, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)(a)</p> <p>Stated: Second 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: 6.2</p> <p>Response by registered person detailing the actions taken: Staff supervision done to ensure that medicines for disposal are stored securely at all times whilst in the Home. An application for variation for a shower room to be made as another Treatment Room for Ground Floor is being made, which may help in the management of storage of medicines in the Home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (2) (a)(b)</p> <p>Stated: Second 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: 6.2 & 6.5</p> <p>Response by registered person detailing the actions taken: A mattress and visual check form is being monitored everyday. Care plan template in the Epic electronic nursing record for Residents at risk of tissue viability problems is made to ensure that name of mattress and prescribed settings are included. Staff supervision done on Mattress product selection flowchart guide to ensure appropriate mattress is provided for the Residents in accordance to their Braden score and other needs assessment.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Latches in keypads in all sluice rooms are checked and made sure that it locks everytime the sluice room doors are closed. Sluice room doors and domestic room doors monitoring is now included during the Daily walkabout.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All infection prevention control issues identified are now addressed. All grades of staff are now involved in the monthly infection control audits to ensure compliance of the infection control measures in place.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that confidential patient records are safely and securely maintained at all times.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Home Manager reiterated the information governance policy during staff meeting. Daily walkabout monitoring would also include ensuring that confidential patient records are maintained in secured places.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second 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: 6.2 & 6.5</p> <p>Response by registered person detailing the actions taken: Accurate and contemporaneous Supplementary care records completion has been included during the Clinical Governance meeting. Home Manager, Deputy Manager and Clinical Lead Nurse to randomly audit supplemental records daily on top of the Staff Nurses' Daily walkabout audits. Touch care electronic nursing record to commence on the first week of April.</p>

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



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