Unannounced Care Inspection Report
7 February 2017

Windsor Care Home

Type of Service: Nursing Home
Address: 69 Osborne Park, Belfast, BT9 6JP
Tel no: 028 9066 5598
Inspector: Lyn Buckley

1.0 Summary

An unannounced inspection of Windsor Care Home took place on 7 February 2017 from 10:20 to 15:45 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding.

A review of the premises was undertaken and included observations of a number of bedrooms, bathrooms, lounge/s, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to with one exception; which the manager agreed to address immediately.

One requirement was made in relation to notifying RQIA of incidents/events occurring in the home. Refer to section 4.3 for details.

Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required.

Care records reflected the assessed needs of patients; were kept under review and where appropriate, recommendations prescribed by other healthcare professionals were included. There was evidence of regular communication with relatives/representatives within the care records.

Observations and feedback from patients consulted evidenced that call bells were answered promptly and requests for assistance were responded to in a calm, quiet and caring manner. Staff stated that there was 'good teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Each staff member knew their role, function and responsibilities.

Patients consulted confirmed that they received "good care" and that the staff were "kind and attentive".

There were no areas for improvement identified within this domain. Refer to section 4.4 for details.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated knowledge of patients' wishes and preferences. Staff were aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients, one relative and staff confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

RQIA consulted with patients, relatives and staff during the inspection and by the issuing of questionnaires post inspection. All patients and the relative spoken with commented positively regarding the care received and the caring and kind attitude of staff. 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.

Details of consultation with patients, staff and relatives can be viewed throughout the report and in particular within section 4.5.

Two recommendations were made regarding the displaying of patient information and the use/laundering of net pants. Refer to section 4.5 for details.

Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff easily described their role and responsibility in the home. In discussion, patients and the relative were also aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Staff were knowledgeable of the complaints and adult safeguarding processes commensurate with their role and function.

There was evidence of quality monitoring systems and processes to assist management to determine the standard of care and services delivered on a daily basis.

Two requirements were made in respect of NMC registration checks for nursing staff and to review the use of a keypad to exit the home. Refer to section 4.6. for details.

Based on the inspection outcomes detailed throughout this report, it was evident that improvements had been implemented since the last care inspection. The care delivered, as observed on the day of the inspection, was found to be safe, effective, compassionate and well led. Compliance with the requirements and recommendations made will further enhance the quality of care, treatment and services provided.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Elaine Allen, acting 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection of the home.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/ Dr Maureen Claire Royston	**Registered manager:** Refer to box below
Person in charge of the home at the time of inspection: Mrs Elaine Allen – acting manager	**Date manager registered:** Mrs Elaine Allen – acting manager since 25 July 2016. (Application to register with RQIA has been received)
Categories of care: NH-I, NH-PH, NH-PH(E) and NH-TI	**Number of registered places:** 40

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we spoke with seven patients individually and greeted others in small groups, one relative, three care staff, four registered nurses and three staff from housekeeping and two staff from catering.

In addition questionnaires were provided for distribution by the manager; eight for relatives, patients and staff. Six patients and five staff returned their questionnaires within the timeframe specified. Details can be viewed in section 4.5.

The following information was examined during the inspection:

- three patient care records
- four patients' additional care charts such as reposition charts, food and fluid intake charts
- staff roster from 6-12 February 2017
- staff training outcomes for 2016
- two staff recruitment records
- complaints record
- incident and accident records
- records of audit/governance for complaints, accidents and wounds
- consultation with staff, patients and relatives.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated during the inspection. Refer to the next section for details.

4.2 Review of requirements and recommendations from the last care inspection dated 13 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 21 **Stated:** First time	The registered provider must ensure that all of the information required in relation to the selection and recruitment of staff is obtained prior to the commencement of employment.	**Met**
	Action taken as confirmed during the inspection: Review of two recruitment files evidenced that these were maintained in accordance with regulations.	

Requirement 2 **Ref:** Regulation 19 (1) (a) and (2) schedules 3 and 4 **Stated:** First time	The registered provider must ensure that records to be kept in the nursing home are available for inspection. **Action taken as confirmed during the inspection**: Records requested were available for inspection.	**Met**
Requirement 3 **Ref:** Regulation 13 (7) **Stated:** First time	The registered provider must ensure that staff adhere to infection prevention and control measures to minimise the risk of spread of infection. Records relating to how management monitor compliance should be maintained. **Action taken as confirmed during the inspection**: Observations and discussion with the manager and staff evidenced that infection prevention and control measures were adhered to with only one exception observed; supplies of medical equipment for a named patient were stored in the patient's ensuite toilet. The manager agreed to remove these items immediately to a more appropriate storage area.	**Met**
Requirement 4 **Ref:** Regulation 20 (3) **Stated:** First time	The registered provider must ensure that any registered nurse given the responsibility of being in charge of the home, and in particular as 'acting' or 'interim' manager, should be competent and capable to do so. This must include being able to access and use the computerised systems and processes to enable that person to respond to requests for information from the regulator. **Action taken as confirmed during the inspection**: Discussion with the manager and review of records evidenced that this requirement had been met.	**Met**
Requirement 5 **Ref:** Regulation 32 **Stated:** First time	It was required that the responsible person notify RQIA of the purposed absence of the registered manager/manager in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 - regulation 32. **Action taken as confirmed during the inspection**: RQIA received the notification of manger absence on 27 July 2016.	**Met**

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 23.3 **Stated:** Second time	Any patient identified as 'at risk' of pressure damage, using a validated tool, should be repositioned in accordance with their care plan and care charts should accurately reflect this.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that this recommendation had been met.	
Recommendation 2 **Ref**: Standard 4.9 **Stated:** Second time	Patient records should be recorded contemporaneously to ensure they are accurate and reflective of the care delivered.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that this recommendation had been met.	
Recommendation 3 **Ref**: Standard 16 **Stated:** First time	The registered provider should ensure that any expression of dissatisfaction regarding staffing levels or delays in receiving care are addressed with patients and relatives in accordance with DHSSPS care standards for nursing homes: standard 16.	**Met**
	Action taken as confirmed during the inspection: Review of the complaint record confirmed that this recommendation had been met.	

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota evidenced that the planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty.

Review of the training outcomes for 2016 indicated that compliance with training had improved since July 2016 by 23%. However, full compliance with mandatory training requirements had not been achieved. RQIA acknowledged that the manager had only taken up post in July 2016 and assurances regarding the management of mandatory training requirements for 2017 were provided during discussion. Therefore, RQIA will review training compliance during the next care inspections.

The manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents/incidents since 13 July 2016 confirmed that accidents and incidents were managed appropriately. Audits of falls and incidents were maintained and evidenced analysis of the data to identify any emerging patterns or trends. The manager confirmed that, if required, action plans would be developed to address deficits or concerns. Notifications to RQIA, since July 2016 were also reviewed. One accident/incident had not been notified to RQIA in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30. The details were discussed with the manager who agreed to submit a retrospective notification; a requirement was made.

A review of the premises was undertaken and included observations of a number of bedrooms, bathrooms, lounge/s, dining rooms and storage areas. The home was found to be warm and clean throughout. Housekeeping staff were commended for their efforts. A detectable malodour was evident in a specific area of the home. The manager was aware of this issue and confirmed the reason for it and that it was being addressed by maintenance staff.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observations and discussion with the manager and staff evidenced that infection prevention and control measures were adhered to with only one exception observed; supplies of medical equipment for a named patient were stored in the patient's ensuite toilet. The manager agreed to remove these items immediately to a more appropriate storage area.

Areas for improvement

A requirement was made that RQIA are notified of accidents/incidents or events occurring in the nursing home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – Regulation 30.

Number of requirements	1	**Number of recommendations**	0

4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. For example, records in relation to the management of wounds/pressure ulcers indicated that when a patient was identified as being at risk of developing a pressure ulcer a care plan was put in place to direct staff on the management of this risk.

Care records reflected the assessed needs of patients; were kept under review and where appropriate, recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT), occupational therapist (OT), physiotherapists and/or dieticians were included in the care plan.

Observations and feedback from patients evidenced that call bells were answered promptly and requests for assistance were responded to in a calm, quiet and caring manner.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. The first floor, intermediate care unit, held multidisciplinary meetings weekly with records maintained regarding patient outcomes and decisions made. A staff meeting had been held on 28 October and 2 December 2016. Minutes were made available but not reviewed by us on this occasion.

Staff stated that there was 'good teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the manager. All grades of staff consulted demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Effective communication with patients and their representatives was evident on a one to one basis as recorded in the care records. Patients consulted confirmed that they received "good care" and that the staff were "kind and attentive".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated knowledge of patients' wishes and preferences. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. However, patient names and medical information were displayed on a whiteboards and patient care information and requirements were displayed on bedroom walls and furniture. Feedback was provided to nursing staff and the manager. A recommendation was made regarding the displaying of patients' confidential information.

In addition it was observed and confirmed by staff that unnamed net pants used to assist patient with continence care were laundered and used communally. This practice is not in keeping with good practice and dignity of patients. This was discussed with the manager during feedback and a recommendation was made.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. 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.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Patients and their representatives and staff confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually and with others in smaller groups, confirmed that living in Windsor Care Home was a positive experience. Patients said that they enjoyed sitting in the lounge or their bedroom, that the care they received was good and that the choice and quality of the food was "excellent. All stated clearly that the staff "were great". It was evident that patients knew staff and the management team well.

One relative spoken with was confident that their loved one was well cared for, that they were kept informed of any changes and that the homely atmosphere and the standard of care provided was "very good".

In addition to speaking with patients, relatives and staff RQIA provided questionnaires for distribution by the manager after the inspection. Eight were issued for staff and relatives/representatives and patients. At the time of writing this report, six patients and five staff returned their questionnaires within the timeframe specified.

Patient questionnaires

All patients indicated that they were 'very satisfied' that their care was safe, effective and compassionate and that the nursing home was well led. Two patients recorded additional comments as follows:

- "Staff are very very friendly".
- "I feel that the new manager is making a positive improvement".

Staff questionnaires

Staff indicated that they were either 'very satisfied' or 'satisfied' that the care delivered in Windsor Care Home was safe, effective, compassionate and well led. Additional comments recorded included the following:

- "I often feel staffing levels are low and some residents need more one to one care…"
- "I think there are some residents who require 1 to 1 care and with 3 staff in the afternoon… it can be very difficult."
- "Team meetings are not very frequent at all."
- "If you don't attend a meeting a copy of the minutes is put up in the staff room."
- "What I see in this home is of the best care…in this home the care is excellent."

For the inspection findings regarding staffing levels refer to section 4.3 and for staff meetings refer to section 4.4

Areas for improvement

A recommendation was made that patient information and records should be maintained in a confidential manner to ensure the privacy and dignity of patients is upheld.

A recommendation was made that net pants are label for individualised patient use; unnamed net pants are not laundered and used communally.

Number of requirements	0	**Number of recommendations**	2

4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff easily described their role and responsibility in the home. In discussion, patients were also aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Staff were knowledgeable of the complaints and adult safeguarding processes commensurate with their role and function. Discussion with the manager and review of records evidenced that systems were in place to ensure that, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies. However, as discussed in section 4.3 a requirement was made in relation to one accident/event which had not been notified to RQIA.

Discussion took place regarding the use of the keypad locking system to exit the home. Keypads had been disabled on the first floor to enable patients to leave the unit as and when they wished. However, to exit the home via the front door patients would require a member of staff to enable them to do so. A requirement was made to review the use of this keypad lock.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound care and complaints. These records also evidenced that the results of audits had been analysed and appropriate actions taken to address any shortfalls identified.

There was a system in place to ensure nursing staff were registered with the Nursing and Midwifery Council for the United Kingdom (NMC). In September 2016 RQIA were notified that a registered nurse had allowed their registration with the NMC to lapse. Action had been taken, by the manager, at the time to ensure patient safety. However, following discussion with the manager it was evident that the manager did not check NMC registrations until the middle of each month which was too late a check for the previous month's NMC registration expiry dates. RQIA acknowledged that each registered nurse is accountable and responsible for their own registration; however, proactive management of NMC registrations is required to ensure patients' safety and professional requirements are not compromised. A requirement was made.

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

Based on the inspection outcomes as detailed in the preceding domains, it was evident that improvements had been implemented since the last care inspection. The care delivered, as observed on the day of the inspection, was found to be safe, effective, compassionate and well led. Compliance with the requirements and recommendations made will further enhance the quality of care, treatment and services provided.

Areas for improvement

A requirement was made to review the use of this keypad in conjunction with guidance from the department of Health (DoH) on human rights and the deprivation of liberty (DoLs) and the home's registration categories.

A requirement was made that systems for monitoring the registration status of registered nursing staff employed to work in the nursing home are proactive and robust.

Number of requirements	2	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elaine Allen, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **web portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 30 **Stated:** First time **To be completed by:** Immediate action required.	The registered provider must ensure that RQIA are notified of accidents/incidents or events occurring in the nursing home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30 **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: The Home Manager will continue to submit notifications in accordance with Nursing Home Regulations (NI) 2005- Reg 30. Copies of these will also be forwarded to the Regional Manager.Compliance will be monitored through the monthly visits by the Regional Manager.
Requirement 2 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be completed by:** Immediate action required.	The registered provider must ensure that the system/process for monitoring the registration status of registered nursing staff employed to work in the nursing home is proactive and robust. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: NMC and NISCC registration status of all nursing staff and Care Staff employed in the home will be checked on a monthly basis.This will be monitored via the Regional Manager during motnhly visits to the home.
Requirement 3 **Ref:** Regulation 13 (1) **Stated:** First time **To be completed by:** 15 March 2017.	The registered provider must review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: This was reviewed by the Home Manager and FSHC Senior Mangement Team and the keypad used to exit the nursing home was deactivated on the 15th February 2017.

Recommendations	
Recommendation 1 **Ref**: Standard 5 **Stated:** First time **To be completed by:** By 1 March 2017.	The registered provider should ensure that patient information and records are maintained in a confidential manner to ensure the privacy and dignity of patients. **Ref: Section 4.5**
	Response by registered provider detailing the actions taken: The notice board in the Intermediate Care Centre has been relocated to ensure information is not visible to unauthorised personnel. Rehabilitation programmes devised by members of MDT are now located inside each patient's wardrobe. The notice board in Frail Elderly Unit, does not contain information which would identify any resident.
Recommendation 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** Immediate action required.	The registered provider should that net pants are label for individualised patient use; unnamed net pants are not laundered and used communally. **Ref: Section 4.5**
	Response by registered provider detailing the actions taken: Only one resident in the home currently using this product, these are laundered and returned directly to this residents room. Home Manager will also ensure these are labelled.

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

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