



Unannounced Care Inspection Report 6 June 2019



Meadowbank

Type of Service: Nursing Home
Address: 11a trench Road, Londonderry BT47 2DT
Tel No: 028 7134 7281
Inspector: Lyn Buckley

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: John Diamond 9 May 2018
Person in charge at the time of inspection: John Diamond – registered manager	Number of registered places: 35
Categories of care: : Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 28

4.0 Inspection summary

An unannounced inspection took place on 6 June 2019 from 10:00 to 15:50 hours. This inspection was undertaken by a care inspector.

The inspection took place 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 the delivery of care, provision of activities, cleanliness of the home and the staff knowledge of their patients' needs, wishes and preferences.

Areas requiring improvement were identified in relation to infection prevention and control measures and record keeping.

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 surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them 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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with John Diamond, 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 13 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 13 September 2018. No further actions were required to be taken as a result of this inspection. 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 premises, pharmacy or finance issues 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 also displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 27 May to 9 June 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 governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports (delete as required) from 1 January 2019
- 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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care undertaken on 13 September 2018.

There were no areas for improvement identified as a result of the last medicines management inspection conducted on 12 May 2017.

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 explained that the number of staff and the skill mix of staff on duty, at any given time, was decided through regular monitoring of patient dependency levels. We reviewed the staff duty rota from 27 May to 9 June 2019 which confirmed that the planned staffing levels and skill mix were achieved. We also saw that catering and housekeeping staff were on duty every day to support the care staff.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients said that they enjoyed living in the home and that staff were caring and kind.

We spoke with one patient's family during the inspection. They commented very positively regarding the care of their loved one and were satisfied that staff had enough time to care.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. One questionnaire was returned which indicated that the respondent was very satisfied with the staffing arrangements.

We saw that staff were available in the lounge and in the dining areas during mealtimes to provide assistance as required. We saw staff responding to nurse call bells and assisting patients in their bedroom with mid-morning tea or coffee and during the lunchtime meal.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment. However some staff were seen to be wearing various items of jewellery and nail polish. Details were discussed with individual staff and the manager and an area for improvement was made.

We reviewed staff recruitment records and can confirm that staff were recruited safely and in keeping with adult safeguarding requirements. Staff were also required to complete a structured induction programme. The manager had systems in place to ensure staff were competent and capable to do their job; and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff spoken with confirmed that they had received regular mandatory training and were aware of their role in protecting patients, how to keep patients safe and how to report concerns about patients and colleagues practice. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures.

We reviewed of four patients' care records which evidenced that, if required, risk assessments were completed when each patient was admitted to the home and reviewed regularly thereafter. Care plans had been developed which were reflective of the risk assessments and these were also reviewed regularly. Records also evidenced that nursing staff managed the risk of a patient falling and the care of a patient when they had a fall, correctly.

Areas for improvement

An area for improvement was identified in relation to infection prevention and control measures.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

We spoke with patients regarding the delivery of care. All those able to express their opinion confirmed that they were happy living in the home that they could choose what to do and that staff "give good care". Those who were unable to comment looked comfortable and relaxed in their surroundings and in their interactions with staff.

We received one questionnaire response. The respondent indicated that they were very satisfied that their loved one received the right care at the right time, that staff were aware of their loved one's care needs and that the care delivered met their expectations

Staff spoken with were aware of how to respond to patients' nursing care needs. For example, what to do when a patient had a fall; how to relieve pressure on the skin; how to support a patient with their meals and how to manage the care of a wound. Staff were also aware of the national changes to modified food and fluid descriptors and the staff spoken with had attended update training.

We observed the serving of the lunchtime meal. The mealtime experience was relaxed and staff were assisting patients in a sensitive, caring and timely manner. Patients spoken with said that they enjoyed their meals and that they had “lots of choices” offered every day.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff. Additional training was also planned to ensure staff could meet the needs of the patients in the home.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients’ care or a colleague’s practice, they could raise these with the manager or with the nurse in charge.

We reviewed patients’ care records in relation to the management of falls, skin care, nutrition and wounds. The records confirmed that nursing staff ensured that patients’ records were up to date and reflective of patients’ assessed nursing care needs and any recommendations made by other healthcare professionals.

Patients requiring specific pressure area care had a care plan in place which was reviewed regularly by nursing staff. We reviewed three patients’ repositioning charts and saw some gaps in the recording. We also reviewed care plans for three patients who required their food and fluids to be modified to reduce the risk of choking. We saw that the care plans had been regularly reviewed but they had not been updated to reflect the new national descriptors for modified food and fluids. Details of each patient’s record were discussed with nursing staff and with the manager and an area for improvement was made.

It is important that where choice and control are restricted due to a patient’s understanding, restrictions are carried out sensitively and in line with good practice. For example, when a patient requires the use of bed rails or an alarm/alert mat. This is so that patients feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of patients’ abilities and level of decision making and patients’ care records reviewed supported the assessment of risks, the decision making process, who was involved in this process and the delivery of care on a daily basis. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

Areas for improvement

An area for improvement was identified in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	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.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Some patients told us they had just “got up” and were eating their breakfast after having had “a lie in”. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails, jewellery and those who preferred various colours of clothing on. There was also a number of magazines/newspapers available; a television was on low in each lounge or in patients bedrooms showing their favourite programmes or DVDs.

Patients told us, that they were receiving good care and that staff were caring and kind. Patients told us that they were looking forward to various outings, activities and in particular some birthday parties that were coming up soon. An enclosed garden had also been developed which provided patients with a safe and meaningful space to enjoy the outdoors. The home has a dedicated activity person who confirmed that staff helped to support patients in participating in activities.

We said previously that a patient’s family told us that they were very satisfied with the care their loved on received. They also said that staff were friendly and knew their loved one very well and they knew the manager well. They had no concerns but were aware of who to speak with if they had.

We also provided questionnaires for patients and family members; one was returned. The person indicated that they were very satisfied with the quality of care in the home.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Since the last care inspection in September 2018 there has been no changes to the management arrangement for the home. Mr John Diamond continues as the registered manager for the home. Mr Diamond commented that he had a good team of staff who provided excellent support for the patients, each other and himself.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients. Audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager's evaluation of information from the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

Nursing and care staff spoken with confirmed that they were well trained and supported by the manager. Staff were confident in their roles and with their responsibilities.

We also invited staff to provide comments via an online questionnaire. None were returned.

The responsible individuals' monthly quality monitoring reports from 1 January 2019 were available in the home and any areas for action identified were followed up during the next visit to ensure that had been addressed.

Based on discussions, observations and review of records we were satisfied that the home was well led and that patients received safe, effective and compassionate care.

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 John Diamond, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: Immediate action required.	<p>The registered person shall ensure that staff adhere to good infection prevention and control practice in relation to the wearing of jewellery and nail polish.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Verbal feedback was given to staff immediately after the inspection. Formal supervisions have been held with staff in relation to uniform, the wearing of jewellery and nail polish in August 2019. Also discussed at team meetings on 01/08/19 and 28/08/19. This will be monitored by Nurse in Charge and Home Manager going forward during daily walkabout around the Home and during Regulation 29 visit monthly by the Regional Manager..</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: Immediate action required.	<p>The registered person shall ensure that repositioning records reflect the prescribed care and that care plans relating to modified diets reflect the national changes for how food and fluids are described.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Verbal feedback was given to staff immediately after the inspection. Formal supervisions have been held with care staff around record keeping especially repositioning records and food and fluid charts. Discussed further at team meetings on 01/08/19 and 28/08/19. Also discussed with trained staff at nurse team meeting on 03/09/19 emphasising the importance of clear care planning relating to modified diets which reflect the national changes for how food and fluids are described. This will be spot checked by the registered nurses on a daily basis. The Registered Manager will also spot check the records at least twice weekly.</p>

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



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