Unannounced Care Inspection Report
14 February 2020

Lansdowne

Type of Service: Nursing Home
Address: 41-43 Somerton Road, Belfast BT15 3LG
Tel No: 028 90 370911
Inspector: Michael Lavelle

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 86 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual(s):** Dr Maureen Claire Royston	**Registered Manager and date registered:** Cara Parker – 14 December 2018
Person in charge at the time of inspection: Cara Parker	**Number of registered places:** 86 A maximum of 17 patients in category NH-DE to be accommodated in the Dementia Unit.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 39

4.0 Inspection summary

An unannounced care inspection took place on 14 February 2020 from 09.40 hours to 14.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last premises 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 the culture and ethos of the home, maintaining patients' dignity and privacy, and maintaining good working relationships.

Areas for improvement were identified in relation to medicine management and infection prevention and control practices.

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.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, visiting professionals and staff during 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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Cara Parker, registered 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 28 and 29 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 and 29 May 2019. No further actions were required to be taken following the most recent 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, registration information, and any other written or verbal information received.

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 for week commencing 10 February 2020
- three patients' care records
- compliments received
- annual quality report

- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of reports of visits by the registered provider

Areas for improvement identified at the last care 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 areas for improvement from previous inspection dated 28 and 29 May 2019

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 17 **Stated:** First time	The registered person shall ensure that a report on the review of the quality of nursing and other services is completed on an annual basis and that the report is made available for patients, relatives and other stakeholders.	**Met**
	Action taken as confirmed during the inspection: Examination of the annual report evidenced this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 17.4 **Stated:** First time	The registered person shall ensure that care and support plans are written for patients who display.	**Met**
	Action taken as confirmed during the inspection: Review of records for an identified patient evidenced an appropriate care plan was in place to manage behaviours that may challenge staff. These were complemented by a distressed reaction monitoring documentation.	

Area for improvement 2 **Ref**: Standard 6 **Stated:** First time	The registered person shall ensure that arrangements are in place to support and supervise staff.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and observation of practice evidenced this area of improvement has been met.	
Area for improvement 3 **Ref**: Standard 12 and 6 **Stated:** First time	The registered person shall ensure that patients who require a softer diet are afforded a choice of meal at mealtimes and that there is always provision for them, throughout the day, for a snack	**Met**
	Action taken as confirmed during the inspection: Discussion with catering staff and observation of meals/menu choice confirmed that choice is afforded for patients who require a softer diet.	
Area for improvement 4 **Ref**: Standard 25 **Stated:** First time	The registered person shall ensure that staff are provided with refresher training in respect of supporting persons living with dementia, particularly in relation to the dining experience, choice, daily routines and social and recreational opportunities.	**Met**
	Action taken as confirmed during the inspection: Examination of records confirmed that staff have received training in keeping with the dementia care frame work.	

6.2 Inspection findings

Staffing levels

Discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the duty rota for week commencing 10 February 2020 evidenced that the planned staffing levels were adhered to. We asked the manager to ensure the duty rota includes the first and surname of all staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We saw that there was sufficient staff on duty to meet the needs of patients. Patients and care staff we spoke with expressed no concerns regarding staffing levels in the home.

Care records

We reviewed wound care for an identified patient who had two wounds. There was evidence of multidisciplinary involvement in the management of one of the wounds but not the other. It was noted that wound care planning was consistent with the tissue viability nurses recommendations. We asked the manager to consider taking photos of wounds to evidence improvement or deterioration in keeping with best practice guidance. A body map was in place and there was evidence of good assessment, treatment and evaluation of one of the wounds but not the other. This was discussed with staff who developed an appropriate care plan immediately. The manager agreed to monitor this in their wound audit. This will be reviewed at a future care inspection.

Deficits in record keeping were identified on review of additional care records. We observed a patient's medication sitting on their bedside table. Review of records confirmed that staff had recorded the medication as having been administered to the patient. Staff confirmed the patient would regularly refuse medication and may not take it until later in the day. However, review of records confirmed that care records had not been updated to reflect this. This was discussed with the manager and an area for improvement was made.

Reviews of supplementary care charts such as food and fluid intake, repositioning and personal care records evidenced these were well completed. We commended staff for the contemporaneous recording of these records.

Care delivery

There was a pleasant, relaxed atmosphere in the home throughout the inspection; staff and patients had cheerful and friendly interactions. Patients were well presented, receiving support with personal care in a timely and discrete manner. Patients were comfortable around staff and in approaching them with specific requests or just to chat.

Staff were knowledgeable and adept at communicating with patients in both verbal and non-verbal styles. Patients who were unable to clearly verbally communicate were content engaging in their preferred activities. Any signs of discomfort or distress were promptly and effectively addressed by staff.

The staff we spoke with could describe the specific needs, interests and personalities of those who live in Lansdowne; there was a clear person centred focus in the home.

The environment

A review of the home's environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. Bedrooms were personalised depending on the needs and wishes of the patients. We identified a chair in one of the lounges that required repairing/replacing. The manager confirmed via email post inspection that an OT referral had been made with a view to having the chair replaced. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE). However, observation of practice evidenced deficits in infection prevention and control (IPC) practices specifically relating to hand hygiene and use of PPE. In addition, used PPE was observed to be discarded inappropriately at the rear of the care

home. This was discussed with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to. An area for improvement was made.

Consultation

During the inspection we spoke with nine patients, two visitors, one visiting professional and six staff. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said:

"I like it alright."
"I am quite content."
"They are absolutely excellent. They are so good."
"I am happy."
"I'm dead on."
"The home is fine. No concerns."
"Oh my god, the staff are wonderful. The curry is beautiful."
"It's good. The staff are dead on."

The visitors spoke positively in relation to the care provision in the home. They said:

"The care is really good. I have no concerns."
"The care is excellent. My relative is very well looked after."

The visiting professional spoken with was complementary of the home. They said:

"The care staff know the patients very well in the home."

Comments from staff spoken with during the inspection included:

"I like it here. We all get on well and management are very supportive."
"We are a happy wee bunch. This is the patient's home. We have their respect."
"I like my co-workers. There is good communication and the residents are lovely."
"I work throughout the home. It's lovely and I really like it. It can be challenging at times but I am supported."

Some of the compliments displayed in the home included:

"Thank you for caring for our loved one during their stay."
"Thank you all for taking such good care of me."
"Thank you all so much for providing fabulous care."

Management arrangements

There was evidence that the manager had effective oversight of the day to day running of the home. For example, a number of audits were completed to assure the quality of care and services. Areas audited included accidents and incidents, care records and the environment. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required. Due to the deficits identified in wound care and infection prevention and control practices we asked the manager to focus on these in upcoming audits.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the registered provider.

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

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patients' dignity and privacy, and maintaining good working relationships.

Areas identified for improvement

Areas for improvement were identified in relation to medicine management and infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	2	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 Cara Parker, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) (a) (c) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure medicine stored in the nursing home is kept in a secure place. A record of all medicine administered to patients is accurately maintained and care records must be reviewed and updated in response to the changing needs of patients. Ref: 6.2
	Response by registered person detailing the actions taken: Client care plans reviewed and updated to reflect change in needs. Clinical supervision and reflective practice piece submitted by RN on duty and reviewed by Home Manager.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in 6.2. Ref: 6.2
	Response by registered person detailing the actions taken: Immediate action taken to review outdoor area by maintenance team.Ongoing daily monitoring by Home Manager to ensure that all waste is managed appropriately. Meeting held with Housekeeper to ensure that all domestic staff are wearing appropriate PPE at all times Daily monitoring by Home Manager. Daily staff handwashing audits being completed by senior nursing staff and reviewed by Home Manager.

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

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