

Unannounced Care Inspection Report

22 August 2016



Lansdowne

Type of Service: Nursing Home
Address: 41- 43 Somerton Road, Belfast, BT15 3LG
Tel No: 028 9037 0911
Inspector: Dermot Walsh

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lansdowne took place on 22 August 2016 from 09.30 to 17.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Safe systems were in place for monitoring the registration status of current nursing staff. However, a weakness was identified in the system for monitoring the registration status of care staff. A requirement was also made to ensure that a nurse call provision was made available in an identified room.

Is care effective?

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report.

Is the service well led?

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. One area of improvement was identified around the communication of safety alerts and notices to staff.

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	2	4*

*The total number of recommendations made includes three recommendations which have each been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Karen Agnew, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 21 March 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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 Health Care: Dr Maureen Claire Royston	Registered manager: Mrs. Karen Agnew
Person in charge of the home at the time of inspection: Mrs. Karen Agnew	Date manager registered: 10 March 2016
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI A maximum of 17 patients in category NH-DE to be accommodated in the Dementia Unit.	Number of registered places: 86

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 14 patients individually and others in small groups, one patient representative, five care staff, three registered nurse and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 15 August to 28 August 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 March 2016 - Care

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 46 Criteria (1) (2) Stated: Second time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection.	Met
	Action taken as confirmed during the inspection: A review of audit documentation evidenced a system was in place to ensure compliance with best practice in infection prevention and control within the home. Isolated incidents of non-compliance were resolved immediately on reporting.	
Recommendation 2 Ref: Standard 4 Criteria (1) Stated: First time	It is recommended that continence assessments are completed in full and signed by the person completing the assessment.	Not Met
	Action taken as confirmed during the inspection: One of three patient care records reviewed did not have a continence assessment completed as part of the admission process. This recommendation has not been met and has been stated for a second time.	
Recommendation 3 Ref: Standard 4 Criteria (1) (7) Stated: First time	It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced this recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person should ensure that MUST and Braden risk assessments are reviewed monthly and documented within the patients' care records.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patient care records evidenced that MUST and Braden risk assessments had been reviewed appropriately.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>It is recommended that the patients' continence care plan reflects the actual continence needs of the patient and are reviewed to reflect any change to the patients' continence needs.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three continence care plans evidenced that these were current and applicable to the patients' continence needs.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 4 Criteria (5) (6) (11)</p> <p>Stated: First time</p> <p>To be Completed by: 31 May 2016</p>	<p>It is recommended that care records should evidence patients and/or their representatives' involvement in the assessment; planning and evaluation of the patients' care to meet their needs. If involvement is not possible, then the reason why should be clearly documented within the patient's care record.</p> <hr/> <p>Action taken as confirmed during the inspection: One of three patient care records reviewed evidenced patient and/or their representative involvement in the assessment/care planning of patients' needs.</p> <p>This recommendation has not been fully met and has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 4 Criteria (1)(9)</p> <p>Stated: First time</p>	<p>It is recommended that the patients' normal bowel function, reflective of the Bristol Stool Chart, is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patient care records evidenced that bowel function reflective of the Bristol Stool Chart had been recorded.</p>	<p>Met</p>

Recommendation 8 Ref: Standard 44 Criteria (1) Stated: First time	It is recommended that patients' bedroom furniture and radiator covers are reviewed and any furniture with exposed wood evident should be repaired or replaced accordingly.	Partially Met
	Action taken as confirmed during the inspection: Old furniture had been replaced. Radiator covers observed on inspection in identified rooms were in a state of disrepair. This recommendation has not been fully met and has been stated for a second time.	

4.3 Is care safe?

The registered 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 staffing rota from 15 to 28 August 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives 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.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Discussion with staff confirmed that mandatory training was completed prior to staff commencing employment. Evidence of mandatory training dates scheduled for 2016 was available for review on inspection. Staffs compliance with completion of mandatory training was at 83 percent. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing staff with the Nursing and Midwifery Council (NMC) was appropriately managed. Monitoring the registration status of care staff on the Northern Ireland Social Care Council (NISCC) register was not appropriately managed. Twelve care staff were not on the register on the day of inspection. Information received following the inspection confirmed that three of the staff had applied to join the register, one staff had lapsed from the register and eight staff had not applied to join the register. A requirement was made.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

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

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 12 November 2015 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly and signed by the registered manager.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control procedures (IPC) was well maintained.

During a review of the environment we observed a bedroom which did not have nurse call facility for the patient to alert staff if they required assistance. It was not clear from a review of the care records why the nurse call provision had been removed. This was discussed with the registered manager and a requirement was made to ensure all patients within the home are provided with appropriate communication facilities to alert staff if they require assistance when in their bedrooms.

Areas for improvement

It is required that the NISCC register is appropriately monitored and maintained.

It is required that all patients within the home have a nurse call provision in their bedroom to summon help if needed.

Number of requirements:	2	Number of recommendations:	0
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4.4 Is care effective?

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. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records were stored securely in lockable cabinets at the nursing stations.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager confirmed that a general staff meeting was conducted on 3 June 2016. There was evidence of further meetings conducted in 2016. Minutes of the meetings were available and maintained within a file. Minutes included details of attendees; dates; topics discussed and decisions made.

The registered manager also confirmed that patient and relatives' meetings were conducted quarterly. There was evidence of a relative/patient meeting conducted in May 2016.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

The registered manager confirmed that a food survey was sent to all patients/families in April 2016. The registered manager confirmed the results from the survey were the basis in the formulation of new menus in the home.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

On inspection three registered nurses, five carers and one ancillary staff member were consulted to ascertain their views of life in Lansdowne.

Some staff comments were as follows:

“I like working here.”

“I am happy working here.”

“I love it here.”

“It’s not bad.”

“There is great teamwork here.”

Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires was returned within the timescale for inclusion in the report.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 14 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

“It’s very nice here.”

“They (the staff) are very nice.”

“They (the staff) are very kind to me.”

“It’s fine here.”

“It’s very good.”

“It’s ok.”

Nine patient questionnaires were left in the home for completion. None of the questionnaires were returned within the timeframe.

One patient representative was consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Two relative questionnaires were returned within the timeframe. The representatives were very positive regarding the care provided in the home.

The serving of lunch was observed in the main dining room on the second floor. The mealtime was well supervised. Food was served from a Baine Marie in an organised manner; when patients were ready to eat or be assisted with their meals. Food was covered on transfer to patient rooms. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. A menu was on display on the dining tables. A checklist was utilised to highlight special dietary requirements and indicate the patients’ meal choice or an alternative meal if the patient was not satisfied with the choice of meal. Patients selected their meal choice from the menu the day prior. The mealtime experience was observed to be well organised and pleasurable for the patients.

Discussion with staff confirmed that the religious needs of patients were met through weekly visits from members of the clergy and Eucharistic ministers. Church singers would also attend the home on a monthly basis to sing with the patients.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

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

Discussion with the registered 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. The complaints procedure was displayed at reception.

Policies and procedures were maintained electronically on the organisation's intranet. Staff had 24 hour access to these facilities within the home.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"Many thanks to all the staff for their kindness, care and patience shown to our mum."
 "Thank you for all your help and all your support."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered 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, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, IPC, restraint, bed rails, hoists/slings, health and safety and incidents/accidents.

The IPC audits conducted in July 2016 were reviewed on inspection. An action plan had been developed to address shortfalls identified within the audit. The action plan included the issue, actions taken, owner, date for completion and details of review

Online 'TRaCA' audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home's governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, the action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned. The auditing process was overseen by the regional manager and informed the monthly monitoring visits.

Safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that relevant staff had read the communication or had been notified about it. A recommendation has been made that a safe system and procedure is developed to ensure the effective management of safety alerts and notices.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

As previously discussed issues were identified with the management of NISCC registration, management of nurse call provision, continuous assessment, patient/representative involvement in care planning, refurbishment of radiator covers and the management of urgent communications, safety alerts and notices. Compliance with the requirements and recommendations made will improve the overall experience of service users within the home.

Areas for improvement

It is recommended that the system to manage safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Agnew, registered 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 nursing.team@rqia.org.uk 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

<p>Requirement 1</p> <p>Ref: Regulation 20 (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2016</p>	<p>The registered provider must ensure that the NISCC register is monitored regularly and maintained appropriately.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: All care staff within the care home are now registered or have active applications with NISCC for entry to the register.</p>
<p>Requirement 2</p> <p>Ref: Regulation 18 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2016</p>	<p>The registered person must ensure that all patients within the home have a nurse call provision in their bedroom to summon help if needed.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Addressed</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4 Criteria (1)</p> <p>Stated: Second time</p> <p>To be completed by: 23 August 2016</p>	<p>The registered provider should ensure that continence assessments are completed in full and signed by the person completing the assessment.</p> <p>Ref: Section 4.2</p>
	<p>Response by registered provider detailing the actions taken: Current care files reviewed and continence assessments confirmed to be completed in full and signed. Trained staff have been made aware of their responsibility in relation to this through clinical supervision</p>

<p>Recommendation 2</p> <p>Ref: Standard 4 Criteria (5) (6) (11)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2016</p>	<p>It is recommended that care records should evidence patients and/or their representatives' involvement in the assessment; planning and evaluation of the patients' care to meet their needs. If involvement is not possible, then the reason why should be clearly documented within the patient's care record.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff team are working toward full compliance with this recommendation as relatives visit their loved ones .</p>
<p>Recommendation 3</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2016</p>	<p>It is recommended that patients' bedroom furniture and radiator covers are reviewed and any furniture with exposed wood evident should be repaired or replaced accordingly.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Bedroom furniture had been addressed following the last inspection . The maintenance men have shortened the radiator covers in the bathrooms and ensuite where contact with water during showers had caused paint to peel and wood to swell . These covers have been repainted</p>
<p>Recommendation 4</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2016</p>	<p>The registered person should ensure a system is in place to manage safety alerts and notifications.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: The home manager reviews the safety alerts cascaded to the home via the datix system . Where there is an alert which she feels needs to be shared with the staff team, these are printed off and staff are alerted to read them via messaging on care blox. The staff confirm on care blox they have received the message.</p>

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