



# Announced Care Inspection Report 7 September 2020



## Louisville

**Type of Service: Nursing Home**  
**Address: Glen Road, Belfast BT11 8BU**  
**Tel No: 028 9061 2018**  
**Inspector: Debbie Wylie**

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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 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Barry Murphy  <b>Responsible Individual(s):</b> Barry Murphy	<b>Registered Manager and date registered:</b> Geetha Rajappan – 5 August 2015
<b>Person in charge at the time of inspection:</b> Geetha Rajappan, Registered Manager	<b>Number of registered places:</b> 48
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43

### 4.0 Inspection summary

An announced inspection took place on 7 September 2020 from 10.00 to 14.15. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for patients
- Quality improvement
- Nutrition.

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.

The term 'patients' is used to describe those living in Louisville which provides nursing care.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geetha Rajappan, Registered Manager and Barry Murphy Registered Person, 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.

## 5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Staff duty rotas from 17 to 30 August 2020
- Staff training matrix for 2020
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports from May to July 2020
- Complaints analysis from May to July 2020
- Compliments analysis for 2020
- Incident and accident analysis for June and July 2020
- Minutes of patients'/relatives' meetings from January to July 2020
- Minutes of staff meetings from January to July 2020
- Three patients' care records
- Daily menu for July 2020.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires, ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via ZOOM, with Geetha Rajappan, Registered Manager.

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020.

There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

On the day of inspection we saw that staff were available and responsive to the needs of patients and responded in a timely manner. Review of the staffing rotas from 17 to 30 August 2020 showed that staffing levels in the home were safe. No concerns regarding staffing levels were raised by patients, relatives or staff.

Staff told us they were aware of their roles and responsibilities and were knowledgeable about what action to take if they had concerns about patients' care or staff practices. Staff were observed chatting with patients in a friendly and caring way while providing care in an unhurried manner.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned however on the day of inspection patients and staff confirmed that they had no concerns with staffing levels in the home.

### 6.2.2 Management arrangements

The manager of the home had not changed since the last inspection. We reviewed the management structure of the home and found this to be clear and complete. The manager confirmed that the home was operating within its registered categories of care. The management had contact details available in the home for contact in the event of an emergency.

The manager told us they carried out a daily inspection in the home along with daily meetings with senior management and staff to discuss any new information or changes in the home. Staff spoken with confirmed that they were kept up to date on all aspects of care in the home. Staff also confirmed that they felt supported by the manager and could speak to her at any time.

### 6.2.3 Governance systems

We saw that the record of quality monitoring visits from May to June 2020 had been completed and documented.

A review of the record of accidents incidents in the home evidenced that not all notifiable events have been reported to RQIA. Details were discussed with the manager and an area for improvement was made.

We reviewed the audits of practice in the home including falls, infection prevention and control, nutrition, restrictive practice, care records and wound care. We found that audits were clearly documented and completed except for restrictive practice audits. This was discussed with the manager and is to be put in place immediately.

The manager and staff also confirmed that a handover report was carried out at each staff change to update staff on any new advice or change in care for patients in the home.

#### **6.2.4 Infection Prevention and Control (IPC)**

Personal protective equipment stations and sanitising gel was observed to be available throughout the home. The manager and care staff told us that they had a good knowledge of COVID – 19 signs and symptoms, confirming that staff and patients were monitored twice daily and what actions should be taken in the event of an outbreak in the home. Review of regular IPC and hand washing audits carried out by the manager also showed that IPC practices were of a high standard but required to be documented correctly. This was discussed with the manager and put in place immediately.

A number of staff were observed not wearing face masks appropriately, did not make use of all opportunities to sanitise their hands, aprons were stored on a shelf in a bathroom and on inspection a bath chair and toilet roll dispenser required repair. An area for improvement was made.

#### **6.2.5 Quality of life for patients**

The home was tidy and well decorated with patients enjoying bingo in the sitting room. Patients looked well and were appropriately dressed. Clothing was clean and personal care had been attended to. Patients unable to express their opinions were found to be comfortable and relaxed. A number of bedrooms inspected were well presented with a variety of patients' own personal items.

On the day of inspection patients who were enjoying a game of bingo in the lounge told us:

“We take our bingo very seriously.”

“I really love playing bingo.”

We saw the activities board which was in place to tell patients what activities were taking place on a daily basis. The activity planned on the day of inspection was not bingo and the board was not up to date. There were no activities planned for weekends. Review of the records of activities also showed that a lot of activities were based on watching films. This was discussed with the manager and an area for improvement was made.

We reviewed patient involvement in the decisions regarding daily life in the home. We saw that patients' meetings had been held with several patients attending. The agenda did not fully address patient's views and decisions about all aspects of life in the home. This was discussed with the manager who agreed to amend the agenda to allow more patient involvement on decision about daily life in the home.

While inspecting the rooms in the home we saw that an electric hairdryer was stored inappropriately in the wet room. This was discussed with the manager and an area for improvement was made.

### 6.2.6 Quality improvement

Review of planned improvements which had been identified for the home showed that floors in the home, including a number of patient's bedrooms, had been replaced to enhance infection control measures and improve the quality of the environment.

On the day of the inspection it we also saw that the dayrooms, dining room and ground floor had had painting and decorating completed enhancing the appearance of the home.

### 6.2.7 Nutrition

We saw the serving of the lunch time meal with patients being served lunch in the dining room or their own bedroom if they preferred. The choice of food provided for lunch was displayed clearly on the menu board with a choice of main course and choice of drink offered. Staff were observed sitting with patients who required assistance with their meal while chatting about daily life. The monthly menus were reviewed showed a nutritious variety of vegetables, meats, dairy products and fruit were included.

Patient records reviewed showed that malnutrition scores need to be recorded, oral assessments require completion, food and fluid intake records need to be recorded and records should have the correct date. This was discussed with the manager and an area for improvement was made.

### Areas for improvement

The following areas were identified for improvement in relation to: reporting of notifiable events, IPC, activities, safe storage of electrical equipment and care record documentation.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geetha Rajappan, manager and Barry Murphy, registered person, 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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30(c)(f)  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>The registered person shall ensure that all notifiable events, including accidents and incidents, are reported to RQIA in a timely manner.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Completed. All notifiable events are reported to RQIA in a timely manner. Staff members relating to this issue have been reminded of the importance of prompt notification.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(7)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 September 2020	<p>The registered person shall make suitable arrangements to minimise the risk of infection in relation to correct use of face masks, hand sanitising, a bath chair and toilet roll dispenser requiring repair and aprons on a shelf in a bathroom.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            High levels of infection control are paramount to the Home. Staff members take this subject very seriously and have been further reminded of this issue. Aprons since removed. Bath chair and dispenser repaired.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14(2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to an electric hairdryer stored inappropriately in the wet room.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Item was immediately removed. Staff members have been instructed as to the importance of proper storage and the returning of all items and equipment to their correct location.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be completed by:</b> 21 September 2020	The registered person shall ensure that the programme of daily activities provides positive and meaningful outcomes for patients and is based on their identified needs, life experience and interests.  Ref: 6.2.5
	<b>Response by registered person detailing the actions taken:</b> Residents meetings continue to be a regular occurrence in the Home. Following, a recent residents meeting a wide and variety of topics were discussed including interests, life experience and personal needs. The activities board reflects all daily activities within the Home and the co-ordinator has taken additional action to implement recommendations and suggestions made by the residents.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2020	The registered person shall ensure that care plans and records are in place for malnutrition scores, oral assessments and food and fluid intake records.  Ref: 6.2.7
	<b>Response by registered person detailing the actions taken:</b> Completed. All care plans and records are in place for malnutrition scores, oral assessments and food and fluid intake.

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



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