



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 January 2020



Louisville

Type of Service: Nursing Home
Address: Glen Road, Belfast BT11 8BU
Tel No: 02890604316
Inspector: Joanne Faulkner

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. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 48 patients.

3.0 Service details

Organisation/Registered Provider: Barry Murphy Responsible Individual(s): Barry Murphy	Registered Manager and date registered: Geetha Rajappan – 5 August 2015
Person in charge at the time of inspection: Geetha Rajappan	Number of registered places: 48
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 41

4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 10.10 hours to 15.10 hours.

This inspection was undertaken by the care inspector.

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

The inspection assessed progress with all areas for improvement identified in the home 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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- dining experience
- activities
- governance arrangements.

Evidence of good practice was found in relation to the delivery of care to patients which took into account personal preferences of patients. Staff demonstrated that they had a good

understanding of the individual needs of the patients and worked well as a team to deliver the care patients' required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

No areas requiring improvement were identified during this inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Geetha Rajappan, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 30 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. 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 registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them 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 retained

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. No questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 06 January 2020 to 19 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October, November and December 2019
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that broken bins and damaged equipment are replaced in order to adhere to infection prevention and control policies and procedures.	Met
	Action taken as confirmed during the inspection: It was identified that bins had been replaced since the last inspection. Bathing equipment viewed was noted to be appropriate to adhere to infection prevention and control policies and procedures.	

Area for improvement 2 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that a robust hand washing audit tool is developed to comply with infection prevention and control policies, procedures and best practice guidance.	Met
	Action taken as confirmed during the inspection: We viewed evidence that a hand washing audit tool had been developed to comply with infection prevention and control policies, procedures and best practice guidance.	

There were no areas for improvement identified as a result of the last medicines management inspection dated 10 May 2018.

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements; the home manager has been registered since August 2015. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by the deputy manager, a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes an activity therapist, housekeeping, laundry, maintenance a cook and kitchen assistants.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. Staff stated that if they are short staffed they get staff from an agency; they stated that they have enough staff to meet the needs of the patients.

Discussions with a number of patients during the inspection identified that they had no concerns with regards to receiving the appropriate care and support to meet their needs.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included on occasions agency staff. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. It was noted that a large number of the staff had worked in the home for a number of years and demonstrated that they had a good understanding of the needs of the patients.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with patients indicated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Patients stated that staff are approachable and always willing to take time to help them.

Discussions with a Health and Social Care Trust (HSCT) representative, staff and patients, and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful, calm and caring manner. Call bells were observed to be answered promptly. Interactions between staff and patients were observed to be pleasant, compassionate and appropriate. Observations of patient and staff interactions evidenced that patients were offered choice; staff were observed taking time to chat to patients in the lounge areas and in their individual rooms. Staff provided care in a manner that promoted privacy, dignity and respect. Staff were in attendance in the lounge and dining areas at all times.

A number of the patients consulted with spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, the lounge, dining room and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. The registered person described the ongoing refurbishment work that was in place, this included replacement of flooring, repainting/redecoration of walls in the entrance areas and corridors and updating of the heating system.

The entrance area to the home was welcoming; it was noted that new flooring was currently being put in place and that the hall was due to be redecorated. There was information available relating to infection control, the role of RQIA and making a complaint. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

We noted that there were no malodours detected in the home. It was identified that pull cords had been covered in keeping with best practice with regards to infection prevention and control (IPC). A supply of gloves and aprons were readily available to staff throughout the home; we observed that staff used this appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be

consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors.

It was identified that the flooring in one of the bathrooms was lifting at a joint; this was actioned immediately to ensure safety of patients and staff. Following the inspection correspondence was received from the registered person that this matter had been resolved.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, identified risks and likes/dislikes and preferences. The records viewed included referral information received from a range of HSCT representatives and in addition included a range of risk assessments and care plans.

Care plans viewed provided details of the care required by individual patients; they were noted to include details of any practice deemed to be restrictive. Staff record twice daily the care provided to patients and individual care plans are reviewed monthly.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT), Tissue Viability Nurses (TVN) and Dieticians.

Discussions with staff and a number of patients, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote their independence.

There was evidence that patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of SALT and dietetic input into the assessment and care planning of patients if required.

The records contained evidence that regular audits are completed for a range of areas such as falls, nutrition and wound care.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of biscuits/ snacks. We observed the serving of the mid-day meal; the atmosphere the dining room was calm and relaxed. Food served was noted to be appetising, warm and well presented; portion sizes were adequate. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms. A number of patients spoken with indicated that the food was good.

The dining room was observed to be clean and table settings were noted to be appropriate; condiments, napkins, beverages and cutlery were provided. Details of the menu were displayed.

It was noted that a number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice. We observed staff offering and providing assistance in a discreet and sensitive manner when required. Staff were wearing appropriate protective clothing with regards to food hygiene good practice.

6.2.5 Activities

There was evidence that a varied programme of activities is available to patients in the home; they included craft and music activities. Activities planned are detailed on a notice board that is centrally located within the home; it is in a pictorial format.

6.2.6 Complaints

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit process.

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last inspection had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided; they indicated that the manager and staff were approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. A record is retained of all accidents/incidents; it includes details of the incident, the actions taken and those persons notified. There was evidence that incidents/accidents are audited monthly as part of the quality monitoring process; the manager described how this supports them in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke with six patients and in addition small groups of patients in the dining room or lounge areas, and six staff members. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patients' comments:

- "I am very happy. Food is okay, I am on a soft diet and I wish I wasn't."
- "Staff are good; I have nothing to worry about."
- "No complaints."
- "I am here 16 years, it is a great place; staff get you what you want."
- "I speak to the staff if I am worried."
- "I am happy; it is all good and staff are good."
- "Staff look after me."
- "Staff are very nice."
- "Happy, no problems."
- "Very good, they (staff) are very good to you."
- "Sure no better place."
- "Food is plenty and it is very good."

Staff comments:

- "I love to hear about their (patients) lives, they have stories to tell."
- "Love listening to them (patients)."
- "I am very happy, I love it here."
- "No issues, I have worked here five years."
- "Very happy, working here is good."
- "The patients are safe; it is busy but I enjoy it."
- "The manager is very good, I feel supported and I can raise issues."
- "Patients get excellent care, and they are safe and well looked after. I love this place, the care is really good."
- "We have a good team, the manager and the senior managers are really good."
- "Love that their (patients) wee rooms are personalised."
- "Great place to work."
- "We have enough staff; staff all here for years."
- "No concerns."

One HSCT representative who was visiting the home during the inspection stated that they had no issues or concerns in relation to the care provided to the patients.

Patients stated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas; they were encouraging and supporting patients to be involved in an organised activity. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a calm, relaxed and welcoming atmosphere in all areas within the home.

Discussion with the manager, patients and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; No responses were received prior to the issuing of this report.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance Arrangements

We viewed documentation that indicated that systems were in place to monitor and report on the quality of care provided to patients. There is a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. We reviewed a sample of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. It was identified that an action plan is generated to address any area for improvement.

The records indicated engagement with staff, patients, and where appropriate their representatives; one relative commented, “Always made to feel welcome.” Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, staff training, accidents/incidents, adult safeguarding matters, health and safety, care records, environmental matters and complaints.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, management of accidents and incidents, provision of individualised, compassionate care and effective engagement with patients and their representatives.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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