

# Inspection Report

22 July 2021



## Louisville

Type of service: Nursing Home (NH)  
Address: Glen Road, Belfast, BT11 8BU  
Telephone number: 028 9061 2018

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mr Barry Murphy  <b>Responsible Person:</b> Mr Barry Murphy	<b>Registered Manager:</b> Mrs Geetha Rajappan  <b>Date registered:</b> 5 August 2015
<b>Person in charge at the time of inspection:</b> Mrs Geetha Rajappan Registered Manager	<b>Number of registered places:</b> 48
<b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 48 patients. Communal lounges and a dining room are located on the ground floor with patients bedrooms located on the ground and first floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 22 July 2021, from 9.30 am to 6.30 pm by a care inspector.

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.

All areas identified for improvement on the last inspection were reviewed and met.

Staffing arrangements were found to be safe, effective and adjusted if required. Staff were seen to be polite and caring as they completed their duties and they told us they were supported in their roles with training.

Attention had been paid to patients' personal care and dressing and patients were seen to be attended to by staff in a prompt and courteous manner.

Patients spoke positively about the home and the care provided. Patients said staff were pleasant and helpful and they were happy with the food and the activities programme.

Areas requiring improvement were identified in relation to care documents, infection prevention and control (IPC), storage of cleaning chemicals, repositioning records, environmental maintenance and cleanliness and auditing processes.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Fifteen patients and three staff were spoken with. Patients confirmed that they were well cared for, that there was enough staff to look after them and that the food was “very nice”. No concerns were raised about the care in the home.

Staff said they “received plenty of training” for their roles and they felt the manager was very supportive.

No questionnaires were received from patients or their relatives and there was no response to the on-line staff questionnaire.

A record of compliments received about the home was kept and shared with the staff team.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 7 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 30(c)(f) <b>Stated:</b> First time	The registered person shall ensure that all notifiable events, including accidents and incidents, are reported to RQIA in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13(7) <b>Stated:</b> First time	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.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14(2)(a) <b>Stated:</b> First time	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.	

		<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans and records are in place for malnutrition scores, oral assessments and food and fluid intake records.</p> <p>There was evidence that this area for improvement was met.</p>	<b>Met</b>

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of recruitment records evidenced that not all the required recruitment checks were completed in advance of the staff member commencing work in the home. For example, not all reasons for gaps in employment had been explored with the staff member. This was discussed with the manager and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. The training programme in place was progressing well for staff and staff told us they were provided with a variety of training which was important for their role.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota also identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Observations confirmed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, staff assisted patients who wished to spend their day in their rooms and those who wished to spend time in communal areas of the home.

Staff were seen to respond to requests for assistance promptly and in a caring and compassionate manner. Staff chatted to patients in a friendly and respectful way about the care they needed and how they wanted staff to carry this out.

Patients said staff were always available and responded promptly to call bells, knew them well and they had confidence in staffs' ability to look after them.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. One patient was observed requiring specific support which was provided by staff who were compassionate, caring and professional.

At times some patients may be required to use equipment that can be considered restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position. However, from a review of records it was evident that this was not recorded as regularly as the patients' care plans stated. This was discussed with the manager and an area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example bed rails and buzzer mats were in place when appropriate. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. The lunchtime meal was observed to be a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care. The care records did not have a recent photograph of the patient included, which is required and used for the identification of each patient. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed about what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's interior evidenced that the environmental cleaning of the home and patient equipment was below an acceptable standard of cleanliness. For example; soap and paper towel dispensers, a door handle, two bed mattresses, bathroom bins, the floor mount for an assisted bath, bed rails, bedroom walls, bed rail bumpers and a room used for smoking required to be thoroughly cleaned. Daily cleaning schedules in several patients' bedrooms had not been completed. This was discussed with the management team and an area for improvement was identified.

An assisted bath, which had been damaged previously, was chipped, bedside and bathroom cabinets, a bed frame and a number of chairs and sofas were ripped, damaged or not fit for purpose. This was discussed with the management team and an area for improvement was identified.

Due the heatwave the internal temperature of the home was noted to be warm and a number of radiators were on full. This was brought to the attention of the management team and the heating adjusted immediately to ensure patients were comfortable.

A cleaning trolley containing cleaning chemical was left unattended. This was discussed with the manager and addressed and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that information and reporting systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with DoH and IPC guidance.

Review of records, observation of practice and discussion with staff confirmed that effective training on the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.



## 5.2.4 Quality of Life for Patients

Staff told us that they encouraged patients, where possible, to participate in patient meetings which provided an opportunity for staff to assist patients to comment on aspects of the running of the home. For example; planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients including karaoke, armchair exercises, hairdressing and a game of bingo was being enjoyed in the lounge on the day of inspection. As said previously patients had been consulted about their activity programme.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said they enjoyed the bingo activities in the home and were happy with the care provided by staff.

## 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Geetha Rajappan has been the manager in this home since 5 August 2015.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. Given the inspection findings in relation to IPC, as detailed in section 5.2.3, an area for improvement was made to ensure this audit was more robust.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Patients were settled and relaxed in the home. Staff assisted patients to choose how they wished to spend their day and were seen to enjoy the activities planned and delivered by staff.

Based on the inspection findings six areas for improvement were identified. Five were in relation to safe and effective care and one was in relation to the service being well led. Details can be found in the QIP included.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Geetha Rajappan, Registered Manager, and Mr Barry Murphy, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (1)(a) Schedule 3 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2021</p>	<p>The responsible person shall ensure that a system is in place which ensures a recent photograph of the patient is included in patient care records as required.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The responsible person shall make suitable arrangements to minimise the risk of infection. This is in relation to; soap and paper towel dispensers, a door handle, two bed mattresses, bathroom bins, the floor mount for an assisted bath, bedroom walls, bed rail bumpers, a room used for smoking and completion of the daily cleaning schedules.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The responsible person shall ensure that cleaning chemicals are not left unattended and accessible to patients.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time <b>To be completed by:</b> Immediately from the date of inspection	The responsible person shall ensure that repositioning charts accurately reflect the delivery of care prescribed in the patient's care plan.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2021	The responsible person shall ensure that the premises and equipment are well maintained and fit for purpose including an assisted bath, bedside and bathroom cabinets, a bed frame and a number of chairs and sofas.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time <b>To be completed by:</b> Immediately from the date of inspection	The responsible person shall ensure that the home's IPC audit tool is robust in identifying deficits in the home's environment and staff practice.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b>

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



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Authority

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