

Unannounced Care Inspection Report 27 February 2018



Louisville

Type of service: Nursing Home
Address: Glen Road, Belfast, BT11 8BU
Tel no: 028 9060 4316
Inspector: Gerry Colgan

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Mr Barry Murphy	Registered Manager: Geetha Rajappan
Person in charge at the time of inspection: Geetha Rajappan	Date manager registered: 5 August 2015
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 registered places: 48

4.0 Inspection summary

An unannounced inspection took place on 27 February 2018 from 09.00 to 16.30.

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.

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

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, record keeping, audits and reviews, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. There were other examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified under the standards in relation to infection prevention and control. Refurbishment of the two upstairs bathrooms. Repair or replace identified chairs in the main lounge, repair the identified bedroom floor covering and replace the stair carpet.

Patients said:

“I like it here all right. I have been in three homes and this is the best.”
 “I am only here for respite but I want to stay. I am very well looked after and there is plenty going on.”
 “I will tell you now. You couldn’t ask for better. We couldn’t be better looked after.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Ms Geetha Rajappan, registered manager, and Mr 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 May 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 23 May 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI’s), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 20 patients individually and others in small groups, two registered nurses, four care staff, ancillary staff and three patients’ visitors/representatives. Questionnaires were also left in the home to obtain feedback from

patients and patients' representatives. A poster was given to the manager to display in the staff room inviting staff to respond to an on-line questionnaire.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 5 February 2018 to 4 March 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 May 2017

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 12.13 Stated: Second time	The registered provider should ensure the menu offers either a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an equally nutritious alternative which reflects the patients' food preference is provided. This includes an alternative choice of hot meals and any special dietary requirements.	Met
	Action taken as confirmed during the inspection: A review of the revised weekly menus and conversation with the registered manager and the cook confirmed that menus now offer a choice of meal at each mealtime and the patient does not want this, an equally nutritious alternative which reflects the patients' food preference is provided. This includes an alternative choice of hot meals and any special dietary requirements.	
Area for improvement 2 Ref: Standard 44.1 Stated: Second time	The registered provider should ensure the identified bathrooms are upgraded in accordance with infection prevention and control procedures.	Met
	Action taken as confirmed during the inspection: The identified bathrooms have been upgraded in accordance with infection prevention and control procedures.	

Area for improvement 3 Ref: Standard 7 Stated: Second time	The registered provider should ensure that systems are established to obtain the views of patients and relatives on the quality of nursing and other services provided by the home. Evidence should be present of the action taken by the registered manager in respect of any comments or suggestions made.	Met
	Action taken as confirmed during the inspection: A review of records and conversation with the registered manager confirmed that systems have been established to obtain the views of patients and relatives on the quality of nursing and other services provided by the home including the action taken by the registered manager in respect of any comments or suggestions made.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered provider should ensure arrangements are put in place to embed the new regional operational safeguarding policy and procedures into practice and secure the necessary training. The home's policy should reflect the operational procedures.	Met
	Action taken as confirmed during the inspection: All staff have received safeguarding training. The safeguarding policy has been updated and arrangements have been put in place to embed the new regional operational safeguarding policy and procedures into practice.	
Area for improvement 5 Ref: Standard 47.3 Stated: First time	The registered provider should ensure that appropriate shelving and drying facilities are in the sluice areas so as equipment can be cleaned, dried and not stored on the floor.	Met
	Action taken as confirmed during the inspection: The registered provider has installed appropriate shelving and drying facilities in the sluice areas so as equipment can be properly cleaned and dried.	

Area for improvement 6 Ref: Standard 46.2 Stated: First time	The registered provider should ensure that a robust system is established to assure compliance with best practice in infection prevention and control measures within the home. This includes assurance of best practice regarding, for example; the use of and thorough cleaning of equipment.	Met
	Action taken as confirmed during the inspection: A robust system has been established to assure compliance with best practice in infection prevention and control measures within the home. This includes weekly decontamination audits and cleaning schedules. All equipment was clean at inspection and records available.	
Area for improvement 7 Ref: Standard 48 Stated: First time	The registered provider should ensure that consultation has taken place with the home's fire risk assessor in relation to the smoking arrangements in the home. A copy of the report of the fire risk assessor should be submitted to RQIA.	Met
	Action taken as confirmed during the inspection: Consultation has taken place with the home's fire risk assessor in relation to the smoking arrangements in the home and a copy of the report of the fire risk assessor has been submitted to RQIA.	
Area for improvement 8 Ref: Standard 4.8 Stated: First time	The registered provider should ensure that when repositioning a patient staff should report on the condition of the patient's skin, on the repositioning record, each time repositioning of the patient takes place	Met
	Action taken as confirmed during the inspection: Four repositioning records were reviewed and found to contain a report on the condition of the patient's skin each time repositioning took place.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 for weeks commencing 5, 12, 19 and 26 February 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff consulted confirmed that staffing levels met the assessed needs of the patients.

Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records for three recently recruited staff members evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff receive regular supervision, annual appraisals and competency and capability assessments as applicable.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. 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.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of four 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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of most of the bedrooms, all bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored. However the upstairs bathrooms require refurbishment. Bath panels were cracked. Baths scuffed and seals between floors and skirting have come away. Two chairs in the main lounge had small rips which require to be recovered or replaced, the flooring in an identified bedroom was lifting and the stair carpet was frayed preventing effective Infection prevention and control measures to be adequately adhered to. An area for improvement under the standards has been identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management

Areas for improvement

The following areas were identified for improvement under the standards in relation to infection prevention and control, refurbishment of the two upstairs bathrooms, repair or replace identified chairs in the main lounge, repair the identified bedroom floor covering and replace the stair carpet.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four 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 records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a three monthly basis and records were maintained. Staff stated that there was effective teamwork; each staff member 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 if appropriate. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis. Minutes were available however relatives meetings are not well attended. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

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

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with 20 patients individually, and with others in smaller groups, confirmed that living in Louisville private nursing home has been a positive experience.

Patient comments:

- “Everybody is very kind to me here.”
- “I love it. People here are great.”
- “I am treated like a queen.”

Representatives' comments:

“Overall my relative is well looked after. A few small things but I go to the staff and they get sorted.”

“I have no issues at all. My relative is happy here so that’s the main thing.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home. .

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 and review of records and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home’s policies and procedures.

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. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and patients representatives confirmed that they were confident that staff and/or management would manage any concern raised by them appropriately. Patients were aware of who the registered manager/person was. A copy of the complaints procedure was displayed the main doors to the home. Staff were knowledgeable of the complaints process.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies 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, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Barry Murphy, registered person and Ms Geetha Rajappan, registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 44.1 Stated: First time To be completed by: 30 June 2018	<p>The registered person shall ensure that the upstairs bathrooms are upgraded in accordance with infection prevention and control procedures.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All works completed as required other than bath panel upgrade. This is in the process of being replaced.</p>
Area for improvement 2 Ref: Standard 44.1 Stated: First time To be completed by: 30 April 2018	<p>The registered person shall ensure that the identified chairs in the main lounge are replaced or recovered.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This improvement has been fully complied with.</p>
Area for improvement 3 Ref: Standard 44.1 Stated: First time To be completed by: 30 April 2018	<p>The registered person shall replace or repair identified bedroom floor.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This improvement has been fully complied with.</p>
Area for improvement 4 Ref: Standard 44.1 Stated: First time To be completed by: 30 April 2018	<p>The registered person shall replace the main stair carpet.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Replacement carpet will be fitted during Quarter 2 2018.</p>

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



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