



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

30 April 2019



Louisville

Type of Service: Nursing Home

Address: Glen Road, Belfast, BT11 8BU

Tel No: 02890604316

Inspectors: Linda Parkes and Joseph McRandle

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.

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: Mr Barry Murphy Responsible Individual: Mr 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: 44

4.0 Inspection summary

An unannounced inspection took place on 30 April 2019 from 09.40 hours to 17.05 hours.

This inspection was undertaken by care and finance inspectors.

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

Areas for improvement in respect of the last finance inspection have also been reviewed and validated.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, staff training, supervision and appraisal, adult safeguarding, the home's environment, providing patients with up to date written agreements, regular checks of monies and valuables held on behalf of patients, recording of transactions undertaken on behalf of patients, retaining records of fees charged to patients and records of fees received on behalf of patients and recording patients' personal property following admission.

Two areas requiring improvement were identified in order to comply with infection prevention and control policies, procedures and best practice guidance.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and 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	2

Details of the Quality Improvement Plan (QIP) were discussed with 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.

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

4.2 Action/enforcement taken following the most recent inspection dated 2 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 2 July 2018. 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 finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals 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 kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 22 April to 5 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- medication supervision and competency records for registered nurses
- staff supervision and appraisal records
- staff training records
- incident and accident records
- two staff recruitment and induction files
- six patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 28 February to 29 March 2019
- RQIA registration certificate.
- two patients' finance files including copies of written agreements
- a sample of records of monies and valuables held on behalf of patients
- a sample of various financial records including personal allowance monies and fees, purchases undertaken on behalf of patients and bank account statements
- a sample of records of monies deposited on behalf of patients
- a sample of records of patients' personal property

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspections

Two areas for improvement identified at the previous care inspection on 2 July 2018 have been reviewed. Both areas identified have been met.

Areas of improvement identified at the last finance inspection have been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 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 from 22 April to 5 May 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were “covered.” She also advised that a full time care assistant post had been advertised for night duty.

Patients’ needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Louisville.

Six relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinion on staffing via questionnaires. Four questionnaires were returned. Two questionnaires did not indicate if the person completing it was a resident or relative. All four questionnaires completed indicated that they were very satisfied that staff had ‘enough time to care’.

A review of records for 3 April 2019 confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). New care staff are required to join the NISCC register as soon as possible following commencement of employment. The registered manager advised that staff are reminded by text message each month to ensure that they maintain their registration with NMC and NISCC as appropriate.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. 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.

Discussion with the registered manager and review of three medication supervision and competency records for trained staff and six staff supervision and appraisal records, evidenced that these were well documented.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Discussion with the registered manager and review of the staff training matrix for 2018 and 2019 evidenced that all staff completed e-learning fire training between September 2018 and January 2019. Records confirmed that staff attended a practical fire training course in December 2018 and moving and handling training during August 2018.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 4 November 2018 to 25 March 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On inspection it was observed throughout the home that there were a number of broken bins and rusted bath chair equipment which could not be effectively cleaned. The responsible individual advised that new bins had been purchased. An area for improvement was identified.

The registered manager advised that as part of the refurbishment programme, new carpet for the ground floor and stairs has been approved.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices, care delivery and discussion with staff evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment was appropriately used by staff. It was noted throughout the home that dispensers supplying small, medium and large gloves and aprons were well stocked.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, staff training, supervision and appraisal, adult safeguarding, and the home's environment.

Areas for improvement

An area for improvement was identified in relation to infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Review of six patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls. Care records were well documented and contained details of the specific care requirements in each area reviewed and a daily record was maintained to evidence the delivery of care.

A review of three patients' records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. Care plans were in place for the management of bedrails and alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Three patient care charts including food and fluid intake charts and reposition charts were reviewed and were observed to be well maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. 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 the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room by members of staff to patients in their own rooms or the sitting room was observed to be covered on transfer. The menu for the day was displayed on the notice board in the dining room offering patients a choice of food. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Tables were nicely set with condiments. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to modify fluids. It was observed that the dining room had no effective signage in order to promote the orientation of patients. This was discussed with

the registered manager and the responsible individual who advised that a sign would be purchased and displayed to orientate patients to the dining room.

Four patients said,

“The food’s lovely”.

“Very nice food as you can see by my empty plate”.

“I’m enjoying lunch”.

“Great food”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you so much for taking care of...for so long. It was a great weight off my mind to know he was being so well looked after both physically and mentally.”

“The care is fantastic and I would recommend the home to anyone.”

“She was always contented when we went to visit her and that was down to the patience and care you all provided”.

During the inspection the inspector met with nine patients individually, small groups of patients in the dining room and lounges, six patients’ relatives and seven staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Louisville. 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. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Four questionnaires were returned and indicated that they were very satisfied that the home provided safe, effective, compassionate care and that the home was well led.

Patient comments:

"I love it here and they look after me well. They'll get you anything you want."

"The wee nurses are great. You couldn't get better."

"I'm going home tomorrow. The staff are wonderful."

"I love it here. The staff's great."

Six patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. Four questionnaires were returned. Two questionnaires did not indicate if the person completing it was a resident or relative. All four returned questionnaires indicated that they were very satisfied that care provided was compassionate.

A patient representative commented:

"I can sleep at night knowing mum's well looked after. The communication's good. Staff are quick to pick up any changes in her condition and they will inform the family very quickly."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from two staff consulted during the inspection included:

"I'm very happy in my job. The manager's approachable and I wouldn't be worried if I had to go to her with a concern".

"I've worked here a long time and I'm happy at work."

Discussion with patients and staff and review of the activity programme displayed on the notice board in the reception area evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The patient activity leader is also the weekly resident hairdresser. During the morning of the inspection patients were observed chatting while they were having their hair done in the salon. Patients were responsive and appeared to be enjoying the experience.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be 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, in maintaining the dignity and privacy of patients and valuing 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

6.6 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. 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 and their 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 in the absence of the registered manager.

Review of the home's complaints records from 18 January to 24 April 2019 evidenced that systems were in place to ensure 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. A system was in place to record complaints received and included actions taken in response to the complaint and if the complainant was satisfied. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any concerns with the home's staff or management.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding medication, the use of bedrails, care plans, complaints, accidents/incidents and infection prevention and control (IPC). It was noted in order to comply with (IPC) policies, procedures and best practice guidance that a robust hand washing audit is required to be developed. This was discussed with the registered manager. An area for improvement was identified.

Discussion with the registered manager and review of records from 28 February to 29 March 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff or management.

Management of service users monies

A finance inspection was also conducted on 30 April 2019. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included copies of patients' written agreements, records of purchases undertaken on behalf of patients, records of patients' items held in the safe place, records of patients' personal property, financial policies and procedures, bank account statements and records of social security benefits received on behalf of patients.

Financial systems in place at the home, including controls surrounding the management of patients' finances, were reviewed and were found to be satisfactory. No new areas for improvement were identified as part of the finance inspection.

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, maintaining good working relationships, providing patients with up to date written agreements, regular checks of monies and valuables held on behalf of patients, recording of transactions undertaken on behalf of patients, retaining records of fees charged to patients and records of fees received on behalf of patients and recording patients' personal property following admission.

Areas for improvement

An area for improvement was identified regarding infection prevention and control policies, procedures and best practice guidance to ensure that a robust hand washing audit is developed.

	Regulations	Standards
Total number of areas for improvement	0	1

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, Registered Manager and Mr Barry Murphy Responsible Individual, 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 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed: Immediate action required	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. Ref: 6.3 Response by registered person detailing the actions taken: Completed.
Area for improvement 2 Ref: Standard 46.2 Stated: First time To be completed: Immediate action required	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. Ref: Section 6.6 Response by registered person detailing the actions taken: Completed.

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



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