

Inspection Report

3 and 4 May 2022



Balmoral View Care Centre

Type of service: Nursing (NH)
Address: 5 The Manor, Blacks Road, Dunmurry, BT10 0NB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Four Seasons Health Care</p> <p>Responsible Individual : Mrs Natasha Southall</p>	<p>Registered Manager: Mrs Anne McCracken – registration pending</p>
<p>Person in charge at the time of inspection: Mrs Anne McCracken</p>	<p>Number of registered places: 39</p> <p>A maximum of 15 patients in category NH-DE to be accommodated in the dementia unit. Category NH-MP for 1 named patient only. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia 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 MP – Mental disorder excluding learning disability or dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 38</p>
<p>Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 39 patients. The home is divided into two units; the Suffolk Suite which provides care for people with dementia and the Coleman Suite which provides general nursing care. Patients' bedrooms are located over three floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 and 4 May 2022 by a Care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the Inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided.

RQIA were assured that the delivery of care and service, was provided in a safe, effective and compassionate manner. As a result of this inspection two areas for improvement were identified in respect of the management of fluids and settings on pressure relieving mattresses.

Addressing the areas for improvement will further enhance the quality of the care and services in Balmoral View Care Centre.

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, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

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.

4.0 What people told us about the service

5.0 The inspection

Thirteen patients', one relative and nine staff were spoken with during the inspection. Patients told us that they felt well cared for and spoke positively about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no hesitation in raising any concerns with staff. The majority of the patients spoken with were happy with the food provided; some patients expressed a level of dissatisfaction with the food choices. This is discussed further in section 5.2.2.

Staff acknowledged the challenges of working through the COVID – 19 pandemic and spoke of how much they enjoyed working with the patients and were complementary of the management team.

Relatives spoken with reported that they were happy with the care provided to their loved ones.

One relative's questionnaire was returned and they expressed a high level of satisfaction with the care and services provided in the home. The relative also included a suggestion that an extra staff member would be helpful when a patient is newly admitted.

One staff member's response was received and they reported varying levels of dissatisfaction pertaining to staffing, training and overall aspects of care and services provided.

The responses received were shared with the manager for action and review.

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 12 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	<p>Validation of compliance</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that equipment is effectively cleaned between patient use and that staff are aware of their responsibilities in this area.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure thickening agents are administered only to the patient for whom they are prescribed. Thickening agents should have a label that clearly identifies the patient for which they are prescribed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure evaluations of wound care are recorded in the patient's daily progress notes.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A selection of recruitment records evidenced that staff were recruited safely, ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Staff members were provided with an induction programme to support them in the tasks associated with their role and duties.

There were systems in place to ensure staff were trained and supported to do their job. A review of training records and discussion with management confirmed that mandatory training was progressing for staff.

There were systems in place to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The duty rota identified the person in charge when the manager was not on duty. Staff members were observed to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

Patients' relatives raised no concerns about staffing levels in the home and commented positively on the communication and interaction with staff.

5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be friendly and engaging.

Staff were seen to seek patients' consent when delivering care with statements such as : "Can I help you with... or "Would you like..." Staff took time to ensure patients' safety was maintained during transit from one room to another. For example when a patient required a wheelchair, staff reminded patients to keep their arms in whilst passing through the doorways. It was observed that staff respected patients' privacy by their actions such as offering personal care to patients' discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients' to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff were observed to attend to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist the patient with their nutritional needs.

It was noted that staff were aware that some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required. Some patients reported a level of dissatisfaction with the menus; this information was shared with the manager, who agreed to review the issue. A discussion also took place with the head chef who informed us of the systems in place to ensure that patients, family and relevant personnel had input into nutritional needs and preferences. They also reported that the menus were currently being reviewed and that any changes will be implemented in the near future. This will be reviewed at a future care inspection.

Records were kept where appropriate of what patients had to eat and drink daily, however, it was unclear of the action taken if an individual did not meet their daily fluid recommendation. Monitoring of total daily fluid intake should be robust in order that action can be taken in a timely manner to address any issues such as low fluid intake; an area for improvement was identified.

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.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual preferences were reflected throughout the records.

There were care plans in place where appropriate to direct care for the prevention of pressure ulcers; and pressure relieving equipment was in use if directed.

A review of the settings on a selection of the pressure relieving equipment, evidenced that they were not consistent with the care record. This was discussed with the manager who readily agreed to review the system in place; an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. A discussion with the manager confirmed that patient care records are held confidentially and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The interior of the home was warm and inviting. Communal areas were suitably furnished and pleasantly decorated. The home was clean, tidy and had no malodours.

Patients' bedrooms were personalised with items important to them reflecting their individuality. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. It was observed that bedrooms had names on the doors and where it was identified that this was not the case, the manager agreed to review. Following inspection evidence was submitted to confirm that this had been addressed.

Discussion with the manager and maintenance staff confirmed that there is a refurbishment plan ongoing; RQIA will continue to monitor the refurbishment plan during future inspections.

There was evidence throughout the home of 'homely' touches such as newspapers and magazines. Patients and staff said the home was cleaned regularly.

Corridors and fire exits were clear of clutter and obstruction.

Appropriate precautions and protective measures were in place to manage the risk of infection. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered patients choices throughout the day. Staff members were seen to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they wanted to go to the dining room at lunchtime. Staff members were seen to speak to patients in a friendly and caring manner and took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything.

Activities were provided to a number of patients who wished to participate. One patient was completing art work and reported that she enjoyed the activities. Patients were also observed enjoying listening to music, reading newspapers/magazines and watching TV. Hairdressing services are available with a hairdresser attending the home. A schedule of activities was available and regularly reviewed to meet the needs of the patients.

It was confirmed that visiting and care partner arrangements were in place as per the current guidance.

Patients spoken with did not raise any concerns about the daily routine. Patients also said that they felt staff listened to them and took time to chat and enquire how they were.

5.2.5 Management and Governance Arrangements

Mrs Anne McCracken has been the manager of the home from January 2022; an application to register with RQIA had been received. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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.

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

There was a system in place to manage complaints.

The home was visited each month by a representative of the Registered Provider to consult with patients, their relatives and staff and to examine areas of the running the home. The reports of these visits were completed and were available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Anne McCracken, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 12 July 2021</p>	<p>The registered person shall ensure evaluations of wound care are recorded in the patient's daily progress notes.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Supervision sessions have been arranged with Nursing staff to remind them of the importance of evaluating wound care and keeping a record in the Resident's daily progress notes. Compliance will be monitored through the auditing process.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a patient's daily fluid intake was inconsistent with the desired daily target on a consecutive number of days that records are maintained to evidence action taken by nursing staff.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Residents who have been assessed as requiring monitoring of fluids will have fluid intake recorded by staff. The Nurse will review the fluid records and record the fluid intake at the end of the shift. When the fluid target has not been met, MDT intervention is sought, the care plan is updated and a record made in the daily progress notes. Compliance will be monitored through the audit process.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The records will confirm the type and/or setting of the pressure mattress to meet the assessed needs of the Resident. Compliance will be monitored through the audit process.</p>

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