

Inspection Report

27 and 28 April 2023



Balmoral View Care Home

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Beaumont Care Homes Limited</p> <p>Responsible Individual: Mrs Ruth Burrows</p>	<p>Registered Manager: Ms Debby Gibson</p> <p>Date registered: 29 December 2022</p>
<p>Person in charge at the time of inspection: Ms Debby Gibson</p>	<p>Number of registered places: 39</p> <p>This number includes a maximum of 15 patients in category NH-DE to be accommodated in the dementia unit. Category NH-MP for one named patient only. There shall be a maximum of one named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill.</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 home 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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 27 April 2023 from 10.00 am to 5.00 pm and 28 April from 10.00 am to 4.00 pm 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.

Staff were attentive to the needs of patients' and carried out their work in a compassionate manner. Patients' said that living in the home was a good experience. Patients' unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement from the previous care inspection were reviewed and nine new areas requiring improvement were identified; three areas for improvement made as a result of the previous medicines management inspection have been carried forward for review at a future inspection. Please see the Quality Improvement Plan (QIP) in section 6 for further details.

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

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 and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients told us that they felt well cared for and that staff were helpful and kind.

Relatives told us that they were happy with the care provided in the home and were aware of who to make contact with, should issues arise.

Discussions with staff confirmed that they felt positive about their roles and duties, however some made comment in relation to staffing levels in an identified unit; this is further discussed in section 5.2.1.

Following the inspection, no questionnaires were returned to RQIA and one online staff response was received that indicated they were satisfied with the level of care and services provided in Balmoral care home.

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 04 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that personal medication records are accurate with the most up to date prescribed medication and that obsolete records are cancelled and archived.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are prepared immediately prior to administration for each patient and the record of administration signed immediately after.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written confirmation of all new patients' medicines is obtained from the prescriber at or prior to admission to the home and that medicine records are accurately completed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure evaluations of wound care are recorded in the patient's daily progress notes.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. During the inspection observations confirmed that staff responded to patients' requests for assistance in a timely manner. Discussion with the manager confirmed that patients' dependencies were reviewed on a regular basis to determine required staffing levels.

However, a number of staff raised issues in relation to the dependency levels of patients within an identified unit; observation confirmed that some patients required regular observational checks. Following discussion with staff and a review of care records, which evidenced that checks were not being recorded in accordance with their prescribed care; this was identified as an area for improvement.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. Systems were in place to ensure staff were trained and supported to do their job and mandatory training was progressing for staff. Discussion with management confirmed that training compliance was kept under review, however it was identified that participation in fire drill training for staff was relatively low; an area for improvement was identified.

Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment; review of a sample of these records confirmed these had been completed as required. A system was also in place to ensure staff had the opportunity to attend supervision and appraisal sessions.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

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. Care plans included any advice or recommendations made by other healthcare professionals.

On review of a sample of patient care records it was found that a number of handwritten care records were difficult to read and illegible in parts. An area for improvement was identified.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required. It was observed that, where required, there were care plans in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use as directed.

Examination of care documentation for patients who experience a fall evidenced that care plans and risk assessments were reviewed and updated appropriately. However, some records of neurological observations did not contain the date of completion recorded and the body map documentation was not signed by the staff member who completed it. This was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

A review of documentation pertaining to patient's property was reviewed; these did not always contain the staff signature; as previously identified, all records must include the signature of the staff member who completed the record.

A handover sheet was available for staff that included information relevant to the care requirements of the individual patients. It was identified that one patient's dietary requirements were not accurately recorded on the daily handover sheet; an area for improvement was identified.

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.

Lunch served in the dining room 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. A menu was available to inform patients of the choices available and discussion with the head chef confirmed that this was reviewed on a regular basis.

Staff attended 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 them with their meal. Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required.

Staff maintained a record of what patients had to eat and drink, as necessary, and patients spoke positively in relation to the quality of the meals provided.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation confirmed that the environment was generally clean, however, a number of identified bathrooms evidenced that clinical waste bags had not been emptied in a timely manner. This was discussed with the manager and assurance was provided that this would be reviewed and actioned as appropriate; this will be reviewed at a future inspection.

Patients' bedrooms were found to be personalised with items important to them reflecting their individuality and patients spoke positively about their personalised décor.

A number of matters relating specifically to the maintenance and monitoring of the home's environment were identified. For example, surface damage was evident to a number of bedroom furniture, walls, floor coverings and woodwork throughout the home; a number of window frames and sills were noted to be damaged thus preventing effective cleaning. Details were discussed with the manager and an area for improvement was identified.

It was noted that there were gaps around the seals of doors into the designated smoking room. Observation, further identified the use of a multi block electric extension lead in an identified patient's bedroom, which had the potential to be a hazard. These issues were discussed with the manager and an area for improvement was identified.

It was noted that patients had access to identified rooms that contained potential hazards; this was discussed with the manager and rectified before the end of the inspection and assurances provided that they would continue to monitor the situation.

Observation identified some bed-linen in need of replacement, whilst review of stocks appeared adequate, a discussion took place with the manager to review the bed-linen; this will be reviewed at a future inspection.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided, however, some staff were observed not to use appropriate PPE during care related actions. This was discussed with the manager for review and action as appropriate. An area for improvement was identified.

Observation identified that not all PPE compartment stations were adequately stocked; discussion with the manager confirmed that staff were allocated to ensure restocking and confirmed that monitoring would be further enhanced to ensure the PPE compartment station stock is replenished in a timely manner.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients preferred to spend their day in their bedroom, whilst some chose to go to a communal area.

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients. Patients appeared to be content and settled in their surroundings. Discussion with staff and management confirmed that due to staff sickness, no dedicated activity staff were available to plan and implement activities, however there was opportunity to celebrate special holidays and occasions; and staff spoke positively of upcoming birthday celebrations for a patient. The planning of activities was discussed with the manager for review; an area for improvement was identified.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Debby Gibson has been the registered manager since 29 December 2022.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise 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 evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

The home was visited each month by a representative of the Registered Provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. A sample of these reports were reviewed. 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 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 Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	5*	7

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Debby Gibson, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	<p>The registered person shall ensure that personal medication records are accurate with the most up to date prescribed medication and that obsolete records are cancelled and archived.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	<p>The registered person shall ensure that medicines are prepared immediately prior to administration for each patient and the record of administration signed immediately after.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	<p>The registered person shall ensure that written confirmation of all new patients' medicines is obtained from the prescriber at or prior to admission to the home and that medicine records are accurately completed.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (c) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2023</p>	<p>The registered person must ensure that the premises are kept in a good state of repair and reasonably decorated.</p> <p>A refurbishment plan with timeframes for completion to be submitted to RQIA with this QIP.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken:</p> <p>A painting and decorating plan is being developed in conjunction with the Estates Manager. Due to the fabric of the building a part of this plan will require external contractors which is currently being costed for capex approval. A separate plan that details areas of the Home to be painted and decorated along with specific timeframes will be submitted separately. Progress of this plan will be reviewed by the Operations Manager during the Regulation 29 and support visits to the Home.</p> <hr/> <p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> • Gaps between the seals around the fire doors in the identified smoking room are reviewed • The use of a multi block electric extension lead in an identified patient's bedroom is reviewed. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Advice has been sought from the Health and Safety Manager who has provided recommendations for the safe use of extension leads. This action has been completed and is being monitored by the Home Manager via the daily walkabout.</p> <p>The gaps around the smoking-room doors have been assessed by the group Health and Safety Manager as not constituting a fire risk, they will however be included and part of the painting and decorating plan.</p> <p>Compliance will be reviewed by the Operations Manager via the Regulation 29 visit.</p>

<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 48.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Since the inspection, fire evacuation training has been ongoing and currently fire safety training compliance is 97% and fire drill compliance is 88%. Dates have been scheduled to ensure all staff will have completed the training before the end of June 2023. All new staff commencing employment before then will also be compliant. Ongoing monitoring will be carried out by the Home Manager and Deputy Manager during monthly audits.</p> <p>The compliance will also be monitored during the monthly Regulation 29 visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall review the provision of staff in the identified unit to ensure there are sufficient staff to complete the observational checks as required.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The number of observational checks in the identified unit were reviewed following the inspection, as was the allocated number of staff. There is a minimum of a monthly dependency level completed for all residents and the recommendations are reviewed by the Home Manager to ensure sufficient staff are on shift at all times. Where an individual resident is assessed as requiring over and above the standard level of care, there will be discussion with the aligned Trust keyworker to agree a person specific plan of care. Compliance of this will be monitored during the monthly Regulation 29 Visit</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that handwritten care records are legible.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Following the Inspection, Trained Staff Meetings were held on the 5th and 27th May respectively and all staff with responsibility for writing care plans were reminded of the need to adhere to their code of conduct in relation to ensuring all care records are maintained in a legible manner. Staff are currently in the process of typing all care plans whilst ensuring these continue to be personalised. The staff have also been advised to write their daily progress notes and care plan evaluations in capital letters so these are legible at all times. The Home Manager and Deputy Manager will monitor this through the completion of the daily walkabout audit. Compliance will be monitored through the monthly Regulation 29 visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure all documentation is signed and dated accordingly.</p> <p>This refers to neurological observation charts, body map documentation and records of patient property.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Since the inspection, a request has been made to have the neurological observation charts amended to include a staff signature and date.</p> <p>The Home Manager and Deputy Manager will monitor the recording of signatures and dated through the completion of the daily walkabout audit.</p> <p>The compliance will also be monitored through the completion the monthly Regulation 29 visit.</p>

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<p>Area for improvement 5</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the handover sheet is routinely reviewed and updated to ensure it is reflective of the patients' current needs.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Response by registered person detailing the actions taken:</p> <p>The handover sheet currently in use has been reviewed and updated to reflect the patients' current needs. Ongoing monitoring of the handover sheet will take place in the form of spot checks by the Home Manager and the Deputy Manager and during the Sisters meetings, Trained Staff meetings. Compliance will be monitored through the monthly Regulation 29 Visit.</p> <p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The provision of activities within the Home has been reviewed. An activities schedule has been implemented and can be followed by all staff on shift. We are currently in the process of recruiting a further member of staff who will be responsible for the provision of meaningful activities within the Home. Until the recruitment process has been completed a nominated member of staff will be allocated for the provision of activities</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff use PPE appropriately at all times best practice guidelines in infection prevention and control measures.</p> <p>Ref: 5.2.3</p>

To be completed by: Immediate and ongoing	Response by registered person detailing the actions taken: The current staff training compliance of IPC is 98%. Since inspection however further supervisions in relation to the appropriate use of PPE have been conducted. Best practice guidelines in infection, prevention and control measures including the appropriate use of PPE, was also discussed during recent staff meetings on the 27th April, 5th May and 27th May 2023. Ongoing compliance will be monitored by the Sisters, Deputy Manager and Home Manager daily walkabout and the completion of the monthly PPE audit. Compliance will be monitored through the monthly Regulation 29 visit.
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