Inspection Report

12 July 2021

Balmoral View Care Centre

Type of service: Nursing (NH)
Address: 5 The Manor, Blacks Road, Dunmurry, BT10 0NB
Telephone number: 028 9062 9331

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual** Mrs Natasha Southall	**Registered Manager:** Mrs Ruth Murphy – not registered
Person in charge at the time of inspection: Mr. Raymond Cruz – nurse in charge	**Number of registered places:** 39 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.
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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 37
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 located over all three floors.	

2.0 Inspection summary

An unannounced inspection took place on 12 July 2021 from 9.20 am to 4.40 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

New areas requiring improvement were identified in relation to management of falls, infection prevention and control practices, use of thickening agents and evaluation of wound care. One area for improvement in relation to equipment cleaning was partially met and is stated for a second time.

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. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Balmoral View Care Centre was provided in an effective and compassionate manner.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Balmoral View Care Centre. 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.

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

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 11 patients, two relatives and seven staff. We received no feedback from the staff online survey. Ten questionnaires were returned; none of the questionnaires indicated who they had been completed by. All respondents expressed satisfaction with the quality of nursing and other services provided by the home.

Patients spoke highly of the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Varied opinions were given about the food in the home; the manager was informed of this information prior to the issue of the report for their attention and action as required

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Balmoral View Care Centre was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 12 & 13 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref**: Regulation 19(1)(a) **Stated:** First time	The registered person shall ensure that a recent photograph of the patient is available in the care record.	**Met**
	There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that equipment is effectively cleaned between patient use and that staff are aware of their responsibilities in this area.	**Partially met**
	Equipment examined evidenced improvements although deficits in cleaning of wheelchairs were identified. This area for improvement is partially met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and 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. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically. Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about how to report concerns about patients' safety and/or poor practice.

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

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly.

Examination of the recording of repositioning records evidenced that they were maintained in a contemporaneous manner.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required. However, review of the management of one fall evidenced appropriate actions were not consistently taken following the falls in keeping with best practice guidance. Examination of care records confirmed that registered nursing staff did not consistently record clinical and neurological observations after a fall. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written record of what patients had to eat and drink, as necessary. Patients gave varied opinions about the food in the home. This was discussed with the manager in a phone call following the inspection. They confirmed that patient satisfaction survey's had commenced and patients opinions had been sought regarding the menu in the home.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure mistakes about modified food and fluids were not made. However, deficits were identified regarding the use of thickening agents. Staff were observed to modify fluids for multiple patients with thickening agent prescribed for one identified patient. In addition, labels on thickening agents, which would identify which patient they had been prescribed for, were seen to be missing. 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. Patients' care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. Review of records evidenced deficits in the evaluation of wound care.

Examination of wound care for an identified patient confirmed that although care of the wound was well managed, daily progress notes did not reflect the care delivered or the outcome for the patient. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced it was warm, clean and comfortable. Some bedrooms in the Suffolk Suite required redecorating. The nurse in charge confirmed this was being addressed by the maintenance team. Deficits in cleaning of wheelchairs were identified, although other patient equipment was seen to be clean. The effective cleaning of equipment was identified as an area for improvement during the last care inspection; this is stated for a second time.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. The manager confirmed during a phone call following the inspection that there were no outstanding actions required from the last fire risk assessment which was conducted on 21 January 2021. Examination of the emergency evacuation file confirmed it was not reflective of the home occupancy. This was discussed with the nurse in charge who arranged for the records to be updated immediately.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Improvement works were required to two communal bathrooms in the Suffolk Suite. The manager confirmed in an email following the inspection that approval had been sought and received for these works to commence.

The nurse in charge said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE; however they were not always displayed in the appropriate area. The nurse in charge agreed to review this. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. While the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. An area for improvement was identified.

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, patients could have a lie in or stay up late to watch TV. Patients in the Coleman Suite told us they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV. Other patients enjoyed a visit from relatives. Patients in the Suffolk Suite were seen to be enjoying arts and crafts with staff. A weekly schedule of activities was available. Patients' needs were met through a range of individual and group activities such as movies, board games, puzzles, arts and crafts and chair exercises. Staff told us the home used social media to update families on activities delivered in the home.

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

5.2.5 Management and Governance Arrangements

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.

There has been no change in the management of the home since the last inspection. Mrs Ruth Murphy has been the acting manager in this home since March 2020**.**

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good; however, deficits in the quality of the environmental audit were identified. The audit completed for June 2021 confirmed areas of the home which were seen to require refurbishment were of good decorative order. This was discussed with the manager following the inspection who agreed to have this audit repeated.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the nurse in charge and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other. Patients, staff and relatives did not express any concerns about the nursing care. Comments received regarding the food in the home were discussed with the manager for action as required.

New areas requiring improvement were identified in relation to management of falls, infection prevention and control practices, use of thickening agents and evaluation of wound care. One area for improvement in relation to equipment cleaning was partially met and is stated for a second time.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in an effective and compassionate manner.

7.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	2	3*

*The total number of areas for improvement includes one that has been partially stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Raymond Cruz, nurse in charge, at the end of the inspection and with Mrs Ruth Murphy, Manager, during a phone call on 14 July 2021 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 (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. Ref: 5.2.2
To be completed by: From the date of the inspection onwards	**Response by registered person detailing the actions taken:** Formal supervisions have been carried out with nursing staff in regard to the appropriate actions to take following a fall including clinical/neurological observations and appropriate documentation in the patient's care records. Compliance will be monitored via internal audits and through the completion of the reg 29 audit.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 5.2.3
	Response by registered person detailing the actions taken: The issues identified during the unannounced inspection were addressed in a staff meeting. Formal supervisions have taken place and continue with newly recruited staff in the appropriate use of PPE, including donning and doffing of PPE and hand hygiene using the seven step technique. Monthly observation audits continue in regard to hand washing and use of PPE.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 46 **Stated:** Second time	The registered person shall ensure that equipment is effectively cleaned between patient use and that staff are aware of their responsibilities in this area. Ref: 5.1 and 5.2.3

To be completed by: From the date of the inspection onwards	**Response by registered person detailing the actions taken:** Formal supervision has taken place with staff in regard to cleaning of equipment and appropriate documentation. The Registered Manager and Deputy Manager are monitoring cleanliness of equipment through spot checks.
Area for improvement 2 **Ref**: Standard 28 **Stated:** First time **To be completed by:** From the date of the inspection onwards	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Formal supervision has taken place with staff in regard to ensuring that thickening agents are labelled and administered only to the patient for which they are prescribed. A new box has been purchased to put the labelled thickeners into for ease of use during meal times.
Area for improvement 3 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure evaluations of wound care are recorded in the patient's daily progress notes. Ref: 5.2.2
	Response by registered person detailing the actions taken: Formal supervision has been carried out with nursing staff in regard to recording of evaluations of wound care in the patient's daily progress noted and that they link in with the care plan and wound assessment evaluations

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