

Inspection Report

16 April 2024



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: 39</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 16 April 2024 from 9.00 am to 5.00 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.

As a result of this inspection, one new area for improvement was identified, one area for improvement pertaining to record keeping was stated for a second time and three were carried forward for review at a future inspection. Please see the Quality Improvement Plan (QIP) in Section 6 for further details.

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

The inspector spoke with a number of staff, patients, and the management team during the inspection.

Patients spoke positively about the care that they received, and patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings.

Discussions with staff confirmed they were positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support; comments made were shared with the management for review and action as appropriate.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were provided to allow patients, relatives, visitors and staff unable to meet with the inspector, the opportunity to provide feedback on the home. There were no questionnaires returned and no feedback was received from the staff online survey within the allocated timeframe.

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 27 28 th 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)	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

<p>Stated: First time</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 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>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (c) (b) (d)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. This is discussed further in section 5.2.3.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>		<p>Validation of compliance</p>

<p>Area for improvement 1</p> <p>Ref: Standard 48.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</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 41</p> <p>Stated: First time</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>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 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that handwritten care records are legible.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met and discussion with management confirmed that this would be routinely monitored.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 37</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this is discussed further in section 5.2.2.</p>	<p>Not Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 37.4</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>Met</p>

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 11 Stated: First time	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. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 7 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that staff use PPE appropriately at all times best practice guidelines in infection prevention and control measures. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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 over a 24-hour period and identified the nurse in charge when the manager was not on duty. Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Discussion with the manager confirmed that a system was in place to monitor the dependency levels of patients and ensure the number of staff on duty was regularly reviewed to assist in meeting the needs of patients. Observation during the inspection, evidenced that staff attended to patients' needs in a timely manner; and where patients required support on a 1:1 basis, care staff assisted them with their assessed care needs.

Review of records provided assurances that a system was in place to ensure all nursing 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).

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the manager confirmed that training compliance was kept under review.

Staff should have the opportunity to attend, at minimum, two supervisions and an appraisal annually to review their roles and enhance their professional development. The manager confirmed that a matrix had been developed and was ongoing; progress with this will be reviewed at a future inspection.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

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, and a handover record was available and included detailed meaningful information pertaining to patients' individual needs.

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. However, care plans for patients who required bespoke 1:1 care lacked personalised details pertaining to the 1:1 care arrangements; this was discussed with the management for review and action as appropriate; an area for improvement was identified.

The previous inspection had identified an area for improvement pertaining to inconsistencies in the completion of some records. This was reviewed and whilst it was pleasing to note that there had been an improvement, some records for example body maps and patient property lists had not been consistently signed and completed. This was discussed with the manager for review and action as appropriate. The area for improvement was stated for a second time.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers.

When a restrictive practice was implemented, such as the use of bedrails, a system was in place to evidence that care plans, risk assessments and consents were reviewed and updated appropriately.

Falls in the home were monitored on a regular basis 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. Care records for patients who experienced a fall evidenced that care plans and risk assessments were reviewed and updated appropriately.

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

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. Some patients may require their food to be modified and /or may require specific utensils to aid eating and drinking following assessment by the Speech and Language Therapist (SLT).

The serving of lunch was observed, observation noted the food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet; and where patients preferred to have their meal in their own room, this was readily accommodated with support provided as required. A menu was available to inform patients of the meal and choice available.

Observation evidenced that 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.

Mealtimes Matter is a regionally agreed Health and Social Care (HSC) framework to maximise service user safety during mealtimes. There were no issues identified during the lunch time observation pertaining to patient's meals or requirements, however, a discussion took place with the management to review the dining experience, to further develop the role of a meal time co coordinator and enhance the principal of "safety pause".

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain, if required, records were kept of what patients had to eat or drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms and communal areas such as lounges. The home was warm, clean and comfortable. Patients bedrooms were clean, tidy and personalised with items of importance to each patient, such as, family photos and sentimental items from home. Patients said they were happy with their bedrooms and were satisfied that the home was kept clean and tidy.

The previous inspection had identified an area for improvement relating to the refurbishment of the home and had requested a refurbishment plan to be submitted to RQIA. Discussion with management confirmed that refurbishment was ongoing and areas prioritized as required. A refurbishment plan was submitted to RQIA detailing timescales for identified refurbishment, therefore the area for improvement was assessed as met, however, progress with refurbishment will be reviewed at a future inspection.

Corridors and fire exits were observed to free of clutter and obstruction, however, corridors lacked clear signage and points of interest to assist the orientation of patients in the dementia unit. This was discussed with management who provided assurance that the environment would be reviewed to enhance the patient experience in the dementia unit. Given this assurance, an area for improvement was not identified at this time, however, this will be reviewed at a future inspection.

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 (PPE) 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

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients. Patients appeared content and settled in their surroundings.

There was a range of activities provided for patients by activity staff and the programme of activities was available and displayed in a central part of the home. The activities included, for example, music, arts and crafts and religious services. Hairdressing services were also available for those patients who chose to attend.

Activity records were maintained which included patient engagement with the activity sessions in the home.

5.2.5 Management and Governance Arrangements

There has been no 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 any concerns or worries about patients, care practices or the environment.

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 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. Discussion with the manager confirmed that complaints were seen as an opportunity for the team to learn and improve, this is good practice.

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; 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 (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	4*	1*

* the total number of areas for improvement includes one that has been stated for a second time and three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, 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)	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. Ref: 5.1 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 To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	The registered person shall ensure that medicines are prepared immediately prior to administration for each patient and the record of administration signed immediately after. Ref: 5.1 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 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection (4 April 2023)	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. Ref: 5.1 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 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection (16 April 2024)</p>	<p>The registered person shall ensure care plans for patients receiving 1 :1 care are personalised to clearly identify the assessed needs of the patients.</p> <p>Ref: 5.2.2</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	<p>Response by registered person detailing the actions taken: Care plans for each resident who is currently receiving 1:1 care have been reviewed and personalised to reflect their individual care needs. The Home Manager has reviewed the current care plans in place and will continue to monitor during monthly care plan audits.</p>
<p>Area for improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection (16 April 2024)</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: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: The requirement to date and sign all care records has been discussed with staff. The Walkabout Form which is completed by the Home Manager or Deputy Manager has been updated to include the checking of the care records to ensure they are dated and signed. Checks will also be completed during Operations Manager's visits to ensure compliance.</p>

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