



Unannounced Secondary Care Inspection Report 21 January 2020



Balmoral View Care Centre

Type of Service: Nursing Home

Address: 5 The Manor, Blacks Road, Dunmurry, BT10 0NB

Tel No: 028 9062 9331

Inspectors: Julie Palmer & Mandy Ellis

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 39 patients.

3.0 Service details

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston | Registered Manager and date registered: Gabrielle McDonald Acting Manager |
| Person in charge at the time of inspection: Gabrielle McDonald | Number of registered places: 39 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. | Number of patients accommodated in the nursing home on the day of this inspection: 38 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. |

4.0 Inspection summary

An unannounced care inspection took place on 21 January 2020 from 09.30 hours to 16.00 hours.

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.

The term 'patient' is used to describe those living in Balmoral View which provides both nursing and residential care.

The following areas were examined during the inspection:

- staffing – including deployment
- training
- staff supervision and appraisal
- environment
- care records
- consultation/communication
- governance

Patients spoken with commented positively about their experience of living in Balmoral View.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | *1 | *1 |

*The total number of areas for improvement includes one under the regulations and one under the standards both of which have been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gabrielle McDonald, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 19 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

“RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.”

During the inspection the inspectors met with 17 patients, six patients' relatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line.

A poster informing visitors to the home that an inspection was being conducted was displayed at the entrance.

The following records were examined during the inspection:

- duty rota for all staff from 13 to 26 January 2020
- staff training records
- incident and accident records
- nurse competency and capability assessment records
- appraisal and supervision schedule
- four patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports from September 2019 onwards
- a sample of patients' inventory records
- a sample of medication administration records
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

| Areas for improvement from the last care inspection | | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 20 (3) Stated: Second time | The registered person shall ensure that registered nurses complete a competency and capability assessment for 'nurse in charge' prior to taking charge of the home in the absence of the manager. | Met |
| | Action taken as confirmed during the inspection: Review of records and discussion with the manager confirmed that all registered nursing staff who take charge of the home had completed a competency and capability assessment. | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the identified IPC shortfalls are resolved in order to minimise the risk and spread of infection and that a robust system is in place to monitor IPC measures.</p> | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced that IPC shortfalls identified at the last inspection had been resolved.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> | <p>The registered person shall ensure the annual quality report compiled reflects upon and reviews the quality of nursing and other services provided in the home.</p> | Not met |
| <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager evidenced that an annual quality report had not yet been completed although information had been gathered for inclusion in the report, for example, responses to patient and relative questionnaires.</p> <p>This area for improvement had not been met will be stated for the second time.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> | <p>The registered person shall ensure notifiable events are reported to RQIA appropriately and in a timely manner.</p> | Met |
| <p>Review of accident/incident records and notifications reported to RQIA evidenced that these were appropriate and timely.</p> | | |
| <p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p> | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> | <p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of patients' inventory records evidenced that a quarterly reconciliation was undertaken, recorded and signed.</p> | | |

| | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the reason for, and outcome of, administering “when required” medicines for distressed reactions is recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and review of medication administration records for one patient evidenced that the reason for and outcome of administering “when required” medicines for distressed reactions had not been recorded.</p> <p>This area for improvement had not been met and will be stated for the second time.</p> | <p>Not met</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 45 (2)</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and review of settings on pressure mattresses evidenced that these were set according to the identified needs of individual patients. The system in place to monitor settings was effective.</p> | <p>Met</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> | <p>The registered person shall ensure the supervision and appraisal schedule in place for staff is up to date with dates of completion recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records confirmed that a supervision and appraisal schedule had been developed and completion dates were recorded. Staff spoken with told us that they received supervision and appraisal.</p> | <p>Met</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the total fluid intake over the 24 hour period of time is calculated when fluids and nutrition are administered via the enteral route.</p> <hr/> <p>Review of care records for a patient receiving fluids and nutrition via the enteral route evidenced that the total fluid intake was calculated and recorded for the 24 hour period.</p> | <p>Met</p> |

6.2 Inspection findings

Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels and teamwork within the home; they told us:

- “I love it here.”
- “Teamwork is great.”
- “The manager is very approachable.”
- “Teamwork is just lovely.”
- “I love working here.”
- “Things get sorted out.”

We also sought staff opinion on staffing via the online survey; no responses were received.

Review of records and discussion with the manager confirmed that all registered nurses who take charge of the home in the absence of the manager had completed an annual competency and capability assessment. This area for improvement had been met.

We observed that patients’ needs were met in a timely and caring manner by staff. Patients who were in their rooms had call bells within reach and these were answered promptly.

The majority of patients and patients’ visitors spoken with indicated that they were satisfied with staffing levels. Three patients felt that the home was short staffed at times. Comments included:

- “The girls work very, very hard.”
- “They are always a bit short staffed.”
- “Occasionally they are short staffed.”
- “Each member of staff is attentive.”
- “The staff are very good and sometimes go above and beyond.”

These comments were passed on to the manager for information and action if required.

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; two responses were received. Both respondents indicated that they were satisfied/very satisfied with staffing levels.

Training

The manager had completed the appropriate level of training in deprivation of liberty safeguards (DoLS) and training was being planned for all staff. Nursing and care staff spoken with demonstrated awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them. Following the inspection the manager confirmed that all staff had been reminded that they must complete mandatory DoLS training within an agreed timescale.

Staff supervision and appraisal

Staff spoken with confirmed that they received supervision and appraisal. Review of records evidenced that a supervision and appraisal schedule had been developed. This area for improvement had been met.

Environment

We reviewed the home's environment and entered a selection of bedrooms, bathrooms, lounges, dining rooms, sluices and store rooms. Patients' bedrooms were tastefully decorated and personalised. Fire exits and corridors were observed to be clear of clutter and obstruction.

A fire risk assessment had recently been carried out in the home; this had identified that the seals around the doors into the designated smoking room needed to be replaced in order to prevent any malodour escaping. We did note a very slight malodour in the corridor directly outside the smoking room. The manager assured us that action had already been taken to resolve this issue and the seals would be replaced as soon as possible.

Infection prevention and control (IPC) issues identified at the last inspection had been resolved, for example, new edging strips had been applied to vanity units, ensuites were uncluttered and the home was clean and tidy. This area for improvement had been met.

A redecoration programme had commenced; lounges in the Suffolk Suite had been attractively redecorated and chairs had been reupholstered. The manager told us that redecoration will continue throughout the home on a phased basis to ensure there is as little disruption to patients as possible. The manager also told us that the Four Seasons Health Care estates manager had recently assessed bathrooms in the home and these had been prioritised for refurbishment.

Minor IPC issues brought to the attention of staff were resolved on the day of the inspection.

We noted that there was a malodour in an identified area of the Suffolk Suite; staff explained the reason for this and that deep cleaning was underway. The following day the manager confirmed that deep cleaning had successfully resolved the issue.

Care records

We reviewed the medication administration record (MAR) for one patient who was prescribed "when required" medicine for distressed reactions. The MAR had been completed to reflect administration of the medication, however, the reason for and outcome of administering "when required" medicines for distressed reactions had not been recorded. This area for improvement had not been met and will be stated for the second time.

Staff spoken with confirmed there was a system in place to monitor pressure mattress settings in the home and that a daily monitoring check of these was undertaken. Review of settings on a sample of pressure mattresses evidenced that these were set according to individual patients' assessed need and recommendations in the relevant care plans. This area for improvement had been met.

We reviewed the care record for a patient who received fluids and nutrition via the enteral route; these records were up to date and evidenced that the total fluid intake was calculated and recorded for the 24 hour period. This area for improvement had been met.

Consultation/communication

Patients and patients' visitors commented positively about their experience of Balmoral View. They were very satisfied with communication and felt listened to; they said that issues were quickly resolved. We observed that staff treated patients with kindness and respect. Comments received from patients and visitors included:

- "They are all so nice."
- "I feel very safe."
- "I've no complaints at all."
- "They are the very best."
- "We're happy with everything."
- "The staff always tell me what is going on, I never have to ask."
- "All good, nice care home, friendly staff."
- "Staff are very attentive, they are great."
- "They couldn't do enough for you in here."
- "Any questions or concerns listened to and acted upon."
- "They (staff) are a credit to their profession; they make us all feel like family."

We observed the serving of lunch in the dining room and found this to be a positive, calm and unhurried experience for patients. Staff offered patients a choice of food and drinks, demonstrated their knowledge of patients likes and dislikes and assisted them appropriately.

The food on offer smelled appetising and was well presented. Patients spoken with told us that the food "was excellent" and "great". Another patient commented that they would like to have more variety of fruit and vegetables; the manager was made aware of this and assured us that she would inform the chef who regularly consulted with patients regarding their preferences and menu choices.

An activity programme was provided six days per week; however, some patients told us that the activities provided didn't always interest them. We discussed this with the activity co-ordinator who told us that patients were consulted with regarding their interests and preferences and the programme was regularly reviewed to try and ensure that all interests and needs were catered for.

Governance

There had been a change in management arrangements since the last inspection; RQIA had been appropriately notified.

The manager told us that information had been gathered for inclusion in the annual quality report, for example, responses to patient and relative questionnaires, however, the report had not yet been completed. This area for improvement had not been met and will be stated for the second time.

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, wounds, falls and complaints.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of accident/incident records evidenced that notifications to RQIA were appropriate and timely. This area for improvement had been met.

We reviewed a sample of patients' inventory records; these evidenced that a quarterly reconciliation was undertaken, recorded and signed. This area for improvement had been met.

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, supervision and appraisal, the redecoration plan, management of prevention of pressure damage, communication and governance arrangements.

Areas for improvement

No additional areas for improvement were identified during the inspection.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gabrielle McDonald, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 17 Stated: Second time To be completed by: 28 February 2020 | The registered person shall ensure the annual quality report compiled reflects upon and reviews the quality of nursing and other services provided in the home. Ref: 6.1 & 6.2 |
| | Response by registered person detailing the actions taken: Annual Quality Report fully completed by 27th January 2020. |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect | The registered person shall ensure that the reason for, and outcome of, administering “when required” medicines for distressed reactions is recorded. Ref: 6.1 & 6.2 |
| | Response by registered person detailing the actions taken: When required medication sheets in place for all prn medications in the Home. Discussed with staff nurses the importance of completing these. |

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews