

# Unannounced Care Inspection Report 23 February 2017



## Balmoral View Care Centre

**Type of Service: Nursing Home**

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

**Tel no: 028 9062 9331**

**Inspector: Heather Sleator**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Balmoral View Care Centre, with a specific focus on Coleman suite, took place on 23 February 2017 from 09.40 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was evidence of the safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff had completed a number of dementia specific training areas; this was good practice and should continue.

Staffing arrangements were satisfactory. Staff confirmed communication in the home was good and that there was a system of annual appraisal and supervision in place. A robust system for monitoring the registration of care staff with the Northern Ireland Social Care Council (NISCC) had been established and recruitment and selection procedures were in accordance with legislative requirements. One recommendation has been made regarding ensuring that any storage in patients' bedrooms is in accordance with infection prevention and control procedures.

### **Is care effective?**

There was evidence, over time, of positive outcomes for patients. All staff demonstrated a level of commitment to ensuring patients received the right care at the right time. Catering arrangements were regularly reviewed with patients and the menu was varied with meal choices available for patients. Observation of the serving of the midday meal evidenced there had been an improvement and mealtimes were undertaken in a calm and systematic manner.

Weaknesses were identified in respect of care records. The review of patient care records evidenced that where patients were assessed as being at risk of dehydration a desired daily fluid intake target was not stated and clearly monitored by staff. The recommendations of a health care professional had not been adhered to. Three recommendations have been made.

### **Is care compassionate?**

Staff interactions with patients were generally observed to be caring and timely. However a recommendation has been made regarding the provision of staff training in respect of the core values of privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes and preferences. There was evidence of good communication in the home between staff and patients.

### **Is the service well led?**

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

There was evidence that effective management systems had been established in the home and that the services provided by the home were regularly monitored. The acting manager had been transferred to the home in November 2016 and evidence was present of an improvement in the governance and management arrangements in the home. There were no requirements or recommendations made in this domain.

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

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rosendo Soriano, manager (registration pending), 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.

### 1.2 Actions/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 November 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare Dr Claire Royston	<b>Registered manager:</b> Rosendo Soriano
<b>Person in charge of the home at the time of inspection:</b> Rosendo Soriano	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE, RC-I	<b>Number of registered places:</b> 39

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients, four care staff, two registered nurses, domestic and catering staff and the activities coordinator.

Questionnaires for patients (eight), relatives (10) and staff (10) to complete and return were left for the registered manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- three patient care records

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 22 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the lastcare inspection dated 11 October 2016

Last careinspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.13 <b>Stated:</b> Second time <b>To be completed by:</b> 30 November 2016	The registered provider should ensure that patients who require a specialised diet are afforded a choice of meal at each mealtime.  <b>Action taken as confirmed during the inspection:</b> The review of the record of patient menu choice did verify that patients on a modified diet were afforded choice at mealtimes. However, the review of the records did evidence patients on a modified diet all chose the same meal. Discussion with the chef and staff confirmed the process and that a choice of two meals was always available in the two dining rooms. Staff were observed offering patients in Suffolk suite a visual choice of meal.	<b>Met</b>

#### 4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 20 February to 5 March 2017, evidenced that the planned staffing levels were satisfactory. In the absence of the manager a registered nurse is designated as the person in charge of the home. Competency and capability assessments for the nurse in charge of the home were current and reflected the responsibilities of the position. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

There were safe systems in place for the recruitment and selection of staff. A review of two personnel files evidenced that these were reviewed by the manager and were checked for possible issues. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and the reference number and date received had been recorded.

Discussion with staff and a review of the staff training records confirmed that the manager had a system in place to monitor staff compliance with mandatory training requirements. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on a range of topics including; medicines management, fire safety, food safety, health and safety, infection prevention and control, moving and handling and adult prevention and protection from harm. The review of staff training information evidenced that 96 percent of staff were compliant in respect of mandatory training. A dementia skills training programme had been undertaken by staff in the dementia unit last year.

Discussion with the manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The review of staff training records evidenced that 97 percent of staff had completed adult safeguarding training. The manager stated newly appointed staff had read the policy documentation but had not completed the online training, as yet. A review of documentation confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

A range of risk assessments were completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails, if appropriate and assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. The risk assessments generally informed the care planning process. Refer to section 4.4 for further detail regarding hydration.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Care management and patients' representatives were notified appropriately.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean and tidy. A programme of refurbishment and redecoration had commenced in Coleman suite to good effect. The two main reception rooms at the entrance of the home appeared attractive and homely. A number of bedrooms had been repainted and new flooring had been laid. The manager stated proposals were being considered regarding the upgrading of bathroom and toilet facilities in Coleman suite. An application of variation had been submitted to RQIA regarding moving the nurses' offices from the ground floor to the first floor. This was being considered by RQIA. A concern arose regarding the inappropriate storage of equipment by the wash hand basin area in some bedrooms. There was no storage available at the wash hand basins in patients' bedrooms. This arrangement should be reviewed as there was a potential infection prevention and control risk, and a recommendation has been made. Fire exits and corridors were maintained clear from clutter and obstruction.

**Areas for improvement**

The storage arrangements at wash hand basins in patients' bedrooms should be reviewed in accordance with infection prevention and control procedures.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.4 Is care effective?**

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care, with one exception.

Care records did not evidence a desired daily fluid target for those patients assessed as being at risk of dehydration. Care plans should have evidenced the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met. A recommendation has been made.

The review of one patient care record also evidenced that staff were not following the recommendations of other health care professionals. There was a lack of evidence that staff were calculating the weight of the patient as per dietetic recommendations. This was discussed with the manager and a recommendation has been made.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that generally care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Repositioning charts evidenced the frequency of repositioning and there were no obvious 'gaps' in recording. However, we observed what a patient had eaten at breakfast time and the amount recorded in the patients' food and fluid intake record was not the same as we had observed. This was discussed with the manager who was advised of the importance of accurate and reliable recording of patients' nutritional intake. A recommendation has been made. As previously stated there was no evidence that registered nurses had identified a daily target and subsequent action to be taken if and when the target was not achieved.

There was evidence that the care planning process included input from patients and/or their representatives, where appropriate. There was evidence of regular communication with representatives within the care records.

We observed the serving of the midday meal. The observation of the mealtime service was that it was a calm and organised activity. Dining tables were appropriately set and the day's menu was displayed. A recommendation had been made at the previous inspection of 11 October 2016 that the record of patient meal choice in Suffolk suite should evidence that patients on a modified diet are offered a choice at mealtimes. The records of meal choice from 1 February to 22 February 2017 evidenced that patients in Suffolk suite who required a modified diet all had the same meal choice. This was discussed with the manager and chef who were confident that patients were offered a choice at mealtimes and that staff were assisted with menu choice this was through their knowledge of individual patients food preferences. Staff were also observed offering patients a visual choice of meal during the meal service.

Meals are served directly to the patients in the dining areas from a heated trolley by catering staff. This afforded care staff the time to focus on patients. The quality of the meals provided was good and a choice of fluids was offered.

We observed the serving of the mid-morning tea and snack. Patients had a choice of tea, coffee, milk or juice and a snack (biscuits and fresh fruit) was provided. Milky puddings and yoghurts were available for patients who required a modified diet.

### **Areas for improvement**

Care records should evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.

Care records should evidence that recommendations made by other health care professionals are adhered to.



Supplementary care records, for example, records of daily food and fluid intake, should evidence accurate and reliable recording.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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#### 4.5 Is care compassionate?

Staff interactions with patients were generally observed to be compassionate, caring and timely. However, we observed that a staff member did not knock the door before entering a patient's bedroom; we were in discussion with the patient at the time. This was poor practice and was discussed with the manager. A recommendation has been made that all staff are to be reminded of the core values of privacy, dignity and choice and how these values define their daily interaction with patients.

Staff demonstrated a detailed knowledge of patients' wishes and preferences. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

The provision of activities was not assessed on this occasion. Two personal activities leaders are employed in the home to provide activities in both Colman and Suffolk suites. Activities will be assessed at the next inspection.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The organisation requires the manager to survey patients and their representatives on a regular basis. The information is stored electronically and reviewed by the quality/resident experience team.

Recent comments from patients included:

"Happy with the care given to me."

"Staff always help me."

"I think we get two choices at mealtimes."

Consultation with patients individually, and with others in smaller groups, confirmed that living in Balmoral View Care Centre was, in general, a positive experience.

Comments included:

"Staff are very good to me."

"They're (staff) perfect."

"They couldn't do enough for you."

"Staff have been fantastic."

"Staff go out of their way to help."

"Can't fault a thing."

Staff also commented very positively about working in the home.

Comments included:

"I enjoy working here."

"It's nice to see the home looking so good."

"This is a good place to work."



## Questionnaires

In addition (10) relative/representatives; (eight) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report; one staff member had returned their questionnaires within the specified timeframe. The responses within the returned questionnaires were positive in respect of the care and attention afforded to patients and the quality of nursing and other services provided by the home.

### Areas for improvement

Staff training should take place regarding of the core values of privacy, dignity and choice and how these values define their daily interaction with patients.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was displayed in the entrance lobby. A certificate of public liability insurance was current and displayed.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in October 2016 confirmed that these were managed appropriately.

Discussion with the manager, and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care records, infection prevention and control, incidents and accidents and the environment. Where a shortfall had been identified evidence was present of the remedial action that was taken.

Discussion with the manager and review of records for November and December 2016 and January 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. The review of the reports evidenced that an action plan had been generated to address any areas for improvement. Subsequent monthly quality monitoring visit commenced with an evaluation of the previous action plan in respect of compliance.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosendo Soriano, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2017</p>	<p>The registered provider should ensure that the storage arrangements at wash hand basins in patients bedrooms should be reviewed in accordance with infection prevention and control procedures</p> <p><b>Ref: section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Vanity units have been built in the identified patients' bedrooms so that wash hand basins can be stored in accordance with infection prevention and control procedures.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2017</p>	<p>The registered provider should ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p> <p><b>Ref: section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Care plans are now in place for individual patients who are on fluid balance charts with desired targets, and action taken should the desired targets not be met. It is also recorded at what stage the relevant professionals were informed, if necessary.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2017</p>	<p>The registered provider should ensure that the recommendations made by any other healthcare professional are adhered to</p> <p><b>Ref: section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> This has been addressed and is being monitored on an ongoing basis to ensure that the recommendations made by healthcare professionals are adhered to.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2017</p>	<p>The registered provider should ensure that staff diligently record and report on all planned care interventions to meet patients assessed need within supplementary care records.</p> <p><b>Ref: section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Daily checks are being carried out by the Nurse in Charge in each unit to ensure that staff are recording accurately on the supplementary care records. The registered manager is also checking the charts at least weekly to ensure compliance.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b>Standard 6.1 and 6.6</p> <p><b>Stated:</b>Firsttime</p> <p><b>To be completed by:</b> 30 April 2017</p>	<p>The registered provider should ensure staff complete training regarding the core values, for example, privacy, dignity and respect and how these values define their interaction with patients.</p> <p><b>Ref: section 4.5</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>All staff have attended a training session on core values which included privacy, dignity &amp; respect and how these values define interaction with our patients.</p>

*\*Please ensure this document is completed in full and returned via web portal\**



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