



Announced Variation to Registration Care Inspection Report 10 October 2018



Our Lady's Home

Type of Service: Nursing Home (NH)

Address: 68 Ard Na Va Road, Falls Road, Belfast, BT12 6FF

Tel no: 028 9032 5731

Inspector: James Lavery

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home with 86 beds that provides care for service users in the nursing care category.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Mr Brian Macklin	Registered Manager: Heather Joan Maxwell
Person in charge at the time of inspection: Heather Joan Maxwell	Date manager registered: 15 May 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 86 A maximum of 67 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 19 patients in category NH-DE to be accommodated in the dementia unit. This home is also approved to provide care on a day basis to 4 persons in the general nursing unit and 1 person in the dementia unit.

4.0 Inspection summary

An announced variation to registration inspection of Our Lady's Home took place on 10 October 2018 from 11.25 to 14.30.

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

The purpose of the inspection was to review a variation application VA010875 in relation to works progression, and evaluate if the variation should be approved as completed. The variation submitted concerned the creation of 12 additional bedrooms (five of which are located within the existing dementia care unit (DCU)) and associated alterations to the nursing home. When completed, the home will consist of a 24 bedded dementia care unit in addition to a further 74 nursing beds located across the remainder of the building. Phil Cunningham, RQIA estates senior inspector, and Gemma McDermott, RQIA estates support officer assisted in the inspection process.

The following areas were examined during the inspection:

- the five new additional bedrooms located within the DCU
- the seven new additional bedrooms located across the remainder of the building
- other associated alterations to the environment of the home

The variation to registration to Our Lady's Home was granted from a care perspective.

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	*4	*6

*The total number of areas for improvement includes four regulations and five standards which have been carried forward for review at the next care inspection. The Quality Improvement Plan (QIP) also includes one regulation which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Heather Joan Maxwell, registered manager and Christine Thompson, regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 13 July 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 13 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- variation application submitted to RQIA to increase occupancy from 86 to 98
- the proposed statement of purpose

The following areas were examined during the inspection:

- the new premises
- discussion regarding operational matters

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the registered manager and regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 July 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance management inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 & 29 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record. • That nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. • That a robust governance process is implemented to ensure that wound care within the home effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. 	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of nutritional care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which accurately describe the assessed needs of patients and accurately reflect and/or refer to multiprofessional recommendations. • That the dietary requirements of the patient are effectively communicated to all relevant staff. 	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that robust governance processes are in place which facilitate and evidence that all staff undergo bi-annual supervision and annual appraisal in order to promote the delivery of quality care and services to patients.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>The registered person shall ensure that all staff who are required to work at any time with patients who have dementia, receive appropriate and up to date training in order to effectively meet their roles and responsibilities, specifically in relation to dementia care.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the storage area identified in this inspection is suitably maintained in order to assist staff in meeting the needs of patients and remains safe, well maintained and suitable for its stated purpose.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that the current 'name nurse' system is reviewed and implemented in a manner that ensures effective communication with patients/relatives and promotes individualised care and support.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, IPC and wound care audits.</p>	<p>Carried forward to the next care inspection</p>

This inspection focused solely on the variation to registration application made by the registered provider to RQIA. The areas for improvement from the last care inspection on 28 & 29 June 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Environment

During the inspection, the inspector met with the registered manager and regional manager in addition to:

- Clodagh Devlin, Facilities Manager, Macklin Care Homes
- Brian Macklin, Registered Responsible Individual, Macklin Care Homes

Observation of the alteration works to the premises evidenced that they were at an advanced stage and that the 12 new bedrooms were completed, fully furnished and suitable for occupation. However, it was noted that interior signage which would promote the comfort and orientation of patients was absent or inaccurate in some identified areas. The need to ensure that appropriate interior signage is in place which is suitable for the assessed care needs of patients who live within the home was stressed. An area for improvement under the standards was made. Following the inspection, the home was subsequently visited by the RQIA estates support officer on 17 October 2018 who confirmed with the registered manager that temporary signage had been erected in the identified areas pending delivery of suitable permanent signage.

All new bedrooms observed which would be used by patients were furnished with furniture and fixtures suitable for the needs of the patients who would be using these rooms.

A number of other items of works associated with the alterations were highlighted as incomplete on the day of inspection by the RQIA estates team. These shortfalls were highlighted to the registered manager by the RQIA estates team and the representatives from Macklin Care Homes Ltd undertook to have these completed in order that the variation application could be progressed from an estates perspective and brought to completion. These are referenced further under separate cover within the RQIA Premises Inspection Report, dated 10 October 2018.

Infection Prevention and Control (IPC)

Review of the environment highlighted that additional Personal Protective Equipment (PPE) facilities had not been provided sufficiently close to those new bedrooms located within the DCU. This was highlighted to the registered manager and regional manager. It was subsequently confirmed by the RQIA estates team following their subsequent visit to the home on 17 October 2018 that appropriate and additional PPE facilities had been erected for staff use in the DCU.

Statement of Purpose & Service User's Guide

During the inspection, the statement of purpose and the service user guide were reviewed and both documents found to be satisfactory. Both documents are available in an easy-read version, to suit the categories of care for which the home is registered.

Policies and Procedures

The registered manager and regional manager advised that existing policies and procedures remained available to staff and were unchanged in regards to any changes in the operational activity of the home resulting from this variation application. A system was in place to ensure that policies and procedures are reviewed three yearly minimum and more frequently if required. The regional manager confirmed that the variation to the registration of Our Lady's home would not require any changes to existing policies and procedures for staff.

Staffing

The regional manager outlined existing staffing arrangements and confirmed that these arrangements would continue to be regularly reviewed in accordance with the assessed health and welfare needs of the patients who are accommodated within the home. The staffing arrangements will be reviewed and monitored at subsequent care inspections.

The regional manager further stated that the relocation of any existing patients within the home to new bedrooms would only occur following discussion and collaboration with the patient, patient's representative and relevant health and social care trust staff, as appropriate. It was agreed that the registered manager would oversee and regularly review any relocation of patients throughout the home in a compassionate, timely and patient centred manner and ensure that effective staffing and governance arrangements remain in place throughout all areas of the home at all times.

Areas for improvement

One area for improvement under the standards in relation to interior signage was made.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Conclusion

The application to vary the registration of Our Lady's home was granted from a care perspective following this inspection and subsequent follow up visit conducted by the RQIA estates team.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Joan Maxwell, registered manager and Christine Thompson, regional 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record. • That nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. • That a robust governance process is implemented to ensure that wound care within the home effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. <p>Ref: 6.5</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p>
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<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that robust governance processes are in place which facilitate and evidence that all staff undergo bi-annual supervision and annual appraisal in order to promote the delivery of quality care and services to patients.</p> <p>Ref: 6.4</p>
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<p>Area for improvement 6</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2018</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and comfort of patients, specifically those areas identified on inspection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Appropriate signage is in place as discussed</p>

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



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