

# Inspection Report

21 & 22 June 2021



## Our Lady's 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><b>Organisation/Registered Provider:</b> Macklin Care Homes Limited</p> <p><b>Responsible Individual:</b> Mr Brian Macklin</p>	<p><b>Registered Manager:</b> Ms Margaret McGeown Acting Manager</p>
<p><b>Person in charge at the time of inspection:</b> Ms Margaret McGeown</p>	<p><b>Number of registered places:</b> 98</p> <p>A maximum of 28 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 70 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</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 62</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 98 patients. There are four units in the home over the first and second floors. The Anderson Unit on the first floor is currently closed. The Beechmount, Clonard and Donegal Units are all located on the second floor. Patients in each unit have access to individual bedrooms, communal lounges, dining rooms and enclosed outside spaces.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 21 June 2021 from 9.40 am to 5.00 pm and on 22 June 2021 from 9.00 am to 3.50 pm. The inspection was carried out by a care inspector.

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

We observed that patients were well cared for in the home and that staff provided care in a helpful and compassionate manner. The home was clean, tidy and well maintained.

Patients said that they were comfortable and well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified regarding wound care recording, decluttering of en-suites and storage of thickening agents.

RQIA were assured that the delivery of care and service provided in Our Lady's Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services provided.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

## 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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Margaret McGeown, Manager, Christine Thompson, Regional Manager, and the Senior Management Team.

## **4.0 What people told us about the service**

During the inspection we spoke with 23 patients, both individually and in small groups, eight patients' relatives and 14 staff.

None of the patients had any concerns about staffing levels during the day and all but one patient said there were enough staff on duty to help them in a timely manner at night time. Review of records and discussion with the manager evidenced that she had already investigated a concern raised by the patient about a wait for assistance at night. Call bell response times had been monitored and the patient had been provided with reassurance regarding planned staffing levels.

Patients said that they were well looked after by helpful and friendly staff who took time to listen to them and would "do anything" for them. Patients also said the home was clean and tidy and that the meals provided were "excellent" and "delicious".

Patients' relatives said that they knew who to speak to about a concern or complaint, found the manager approachable and staff to be helpful and had confidence that concerns would be dealt with. The majority of relatives commented positively about communication regarding their loved ones. Relatives commented positively about visiting arrangements. A relative said that they had had some initial issues with the home regarding Care Partner arrangements but these had been resolved.

Relatives also said that the patients were well looked after, and although one felt staff were "under pressure", they all said there were enough of them. One relative commented that they often overheard staff chatting kindly to their loved one when they arrived to visit which was reassuring. A relative said that Our Lady's Home was a "fantastic home, great place", another said that their loved one "always looks well, no issues".

Staff said that they enjoyed working in the home. One member of staff said that "everyone pulled together" and all the staff we spoke to commented positively about teamwork.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Our Lady's Home was undertaken on 3 August 2020 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a sample of staff recruitment files demonstrated that a robust system was in place to ensure staff were recruited correctly to protect patients as far as possible. Staff were provided with an induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with a range of mandatory training to enable them to carry out their roles effectively. Review of training records evidenced that mandatory training was provided in an online format but also face to face when required, for example, in fire safety awareness and moving and handling. The manager said that staff were reminded when training was due. An online training matrix and record of staffs' compliance was maintained.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis; this included agency staff. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was reviewed on at least a monthly basis to ensure the needs of the patients were met. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way and that staff responded to requests for assistance in a caring and compassionate manner. As previously mentioned it was positive to note that the manager had already investigated a concern raised by a patient about having to wait for assistance at night.

Staff said that they were satisfied with staffing levels and that efforts were made to cover short notice sick leave. Staff also said that they felt well supported in their roles by the management team in the home who were approachable and accessible.

Patients said that staff were helpful and friendly and that they felt listened to. One patient commented about staff that they "know what I like and don't like". It was observed that staff took time to say good morning or good afternoon to patients and to ask how they were; staff were seen to engage with the patients in a pleasant and friendly manner.

Patients' relatives said that there were enough staff on duty to assist the patients. One relative said that staff always seemed to be very busy but they had no concerns about staffing levels.

### 5.2.2 Care Delivery and Record Keeping

Staff said they received a handover at the start of each shift to ensure that they were aware of any changes in the needs of the patients. Either the manager, or the person in charge in their absence, conducted a daily early morning walk around all the units to discuss any changes, observe the environment for any potential issues in order that these could be rectified as soon as possible and observe the daily life in the home.

Staff were seen to treat patients with respect and kindness. It was observed that staff took time with patients and did not rush them. Staff were seen to communicate effectively with patients and to offer explanations about the care to be provided in order to seek their agreement before

proceeding. Staff were also observed to be prompt in recognising the needs of patients who had difficulty in making their wishes or feelings known; they were attentive and provided reassurance appropriately.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, bed rails and crash mats were in use if required. These aids can be considered to be restrictive. Review of a sample of care records evidenced that appropriate risk assessments and care plans were in place for those patients who were at risk of falling and that safe systems were in place to manage this aspect of care.

On review of a sample of care records completed for patients who had fallen and required neurological observations it was noted that, on occasions, these had not been completed as per best practice guidelines, however, more recently, there had been an improvement in this area. This was discussed with the manager who said that deficits in the completion of neurological observations had been identified through the monthly falls analysis carried out and that the falls pathway checklist had been reviewed as a direct result of this with a positive outcome noted to date. Completion of neurological observations in the event of a fall will be reviewed at the next care inspection.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care plans accurately reflected the patients' needs. Review of a sample of repositioning records evidenced some gaps in recording. This was discussed with the manager who said that this issue had recently been identified through care record audits; as a result, training in record keeping had been arranged and staff had been reminded of their responsibilities in this area. Review of care record audits confirmed that gaps in recording had been identified and that an action plan had been developed to resolve this issue. Review of training records evidenced that training in record keeping had been arranged for staff. Record keeping in this area will be reviewed at the next care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. It was observed that the serving of breakfast and lunch was a relaxed and unhurried experience for the patients. It was positive to see that patients were offered an opportunity for hand hygiene prior to their meal. Staff were seen to provide patients with a range of support with meals; this included simple encouragement through to full assistance.

Patients were seen to be comfortably seated for their meals, either in the dining room, the lounges or their bedroom as they preferred. Staff were helpful and offered patients a choice of meals and beverages; they were seen to be aware of individual patient's likes and dislikes. The food was attractively presented and patients told us the food was very good. It was observed that staff spoke to patients in a very pleasant and courteous manner. Staff also provided appropriate assistance to a patient who was drowsy at the start of the meal; they prompted the patient but did not attempt to assist them until they were more alert and able to enjoy their lunch.



There was evidence that patients' needs in relation to nutrition and the dining experience were being met; a record of food and fluid intake was maintained. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of diet. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and action plans were developed to ensure appropriate action was taken when required. The manager said that staff worked closely with Dieticians and Speech and Language Therapists (SALT) from the Belfast Health Trust (BHSCT) to ensure that patients' needs in relation to diet and nutrition were met.

Care records were generally well maintained and regularly reviewed and updated to ensure they continued to meet the patients' needs. Review of a sample of care records for patients who had a wound evidenced that, if required, nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made. However, a sample of wound care plans reviewed were not reflective of the type or frequency of dressing required; an area for improvement was made.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them, for example, preferred night time routine and what clothes they liked to wear. The care records reviewed for one patient included care plans which were overdue a monthly evaluation; this was brought to the attention of staff for action. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients spoke positively about the care provided in the home and said that staff were helpful and helped them pick out their clothes and jewellery. Patients looked well cared for, they were well dressed and had obviously been assisted with nail, hair and dental care as part of their personal care routine.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment and review of a sample of bedrooms, communal lounges, dining rooms and bathrooms evidenced that the home was clean, tidy and well maintained. It was observed that identified en-suite bathrooms reviewed were cluttered with equipment and other items which were stored inappropriately; an area for improvement was made. Fire exits and corridors were clear of clutter and obstruction.

Patients' bedrooms were seen to be personalised with items important to them, for example, family photographs, cushions, ornaments, flowers, books and magazines. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Lounges were well equipped with large TV's, radios and CD players, jigsaws, games and books. The manager said that there was a system in place to ensure that maintenance issues or repairs required were reported and actioned in a timely manner.

Patients said that they could choose where to sit and/or where to take their meals and staff were observed supporting patients to make these choices. Enclosed garden areas were well maintained with seating areas and were easily accessible for patients who were able to go in and out as they wished.

Insulated jugs used in the dining rooms for tea and coffee were seen to be clean but stained; this was brought to the attention of the manager who immediately arranged for new jugs to be ordered. It was observed that tubs of thickening agents, which could pose a risk to patients if ingested, were inappropriately stored in dining rooms; this was brought to the attention of the manager and an area for improvement was made.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners. Visiting arrangements were managed in line with Department of Health (DoH) and Infection Prevention and Control (IPC) guidance. Any visitors to the home had a temperature check and their details recorded for track and trace purposes.

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 PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. The manager said that these audits were completed on random dates throughout each month to ensure that a wide sample of staff and their practices in these areas was monitored.

On one occasion it was observed that an agency staff member was not wearing their fluid resistant mask correctly and another agency staff member was seen to inappropriately carry used bed linen some distance along a corridor before placing it into a laundry trolley. This was brought to the attention of the manager and immediate action was taken to address these issues with the staff.

Domestic staff said that teamwork was very good in their department, staff had “kept going all through Covid” and that staffing levels were sufficient to ensure that all the required domestic duties were carried out to meet IPC standards. The domestic staff said that cleaning schedules were maintained and those reviewed were up to date.

Patients said the home was kept clean and tidy and that they were comfortable in their surroundings.

#### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to stay in their own bedroom rather than in the communal lounges. One patient told us that staff respected their wish not to take part in any of the planned activities but enabled them to maintain their own individual interests and hobbies. Another patient said that the staff took time to listen, helped them to choose outfits and respected their preference to spend time in their own room watching movies and listening to music.

The manager said that the activity co-ordinator had developed a monthly activity programme; this was on display in the home. Activities offered included hairdressing, movies, ball games, poetry readings, quizzes and sing-a-longs. Patients said that they enjoyed the activities and the majority of them felt there was enough to do on a daily basis. One to one activities were also on offer for those patients who were unable to leave their rooms or preferred not to be included in



group sessions. Patients' spiritual needs had been taken into account; they were offered an opportunity to take part in religious services via digital means and also in person when possible.

Staff did not rush patients; they allowed them time to make decisions or helpfully suggested ideas and options. It was observed that staff offered choices to patients throughout the day which included where they wanted to sit, when to get up and go to bed, what they wanted to eat and drink and if they wanted to join in planned activities.

The atmosphere in the home was pleasant and friendly. In the afternoon staff had a sing-a-long with the patients and then, using an interactive feature on one of the 'smart' TV's, engaged the patients in a very lively game of 'Play Your cards Right' which everyone in the lounge seemed to be thoroughly enjoying. It was observed that staff treated the patients with kindness and respect, they chatted away to them in a very pleasant manner.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. The majority of relatives said that they were very satisfied with communication. On one occasion it was observed that a staff member missed an opportunity to effectively communicate with a relative, it would have been beneficial to provide the relative with more detailed information; this was discussed with the staff member and brought to the attention of the manager for information and action.

As previously mentioned in section 5.2.3 visiting and Care Partner arrangements were in place. Staff also assisted patients to make phone or video calls. Patients said that they enjoyed receiving visits and phone calls from their relatives. The manager said that information regarding visiting and care partner arrangements had been distributed to relatives; a record was maintained of this communication which we reviewed. Risk assessments and Care Partner agreements had been completed with those relatives taking part in the initiative.

One relative said that they were concerned about the detrimental effect on their loved one of family not visiting regularly as a result of COVID-19; they had made the manager aware of their concerns and Care Partner arrangements had been put in place. The majority of relatives said that they had been kept well informed about the Care Partner initiative and arrangements. Relatives who were in visiting, but not in the Care Partner role, spoke positively about the information they had received regarding this.

The atmosphere throughout the home was relaxed and friendly; staff were seen to treat patients with kindness and to help them have meaning and purpose to their day.

### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Margaret McGeown has been the Acting Manager in this home since 21 February 2021. The manager said that she felt very well supported in her role by the Senior Management Team who were available and approachable. Mrs Isabel Neves was expected to return to post as the Acting Manager on 28 June 2021.

Staff were aware of who the person in charge of the home was in the absence of the manager. Staff also demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staffs' practices.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients' relatives said that they knew how to report any concerns or complaints and that they were confident these would be dealt with. Review of the home's record of complaints confirmed that these were well managed. The manager said that the outcome of complaints was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff demonstrated their knowledge of identifying and reporting concerns and knew that this must be done in a timely manner. A staff member told us they could go to the manager about "absolutely anything" and a staff nurse expressed their confidence in the care staff who were "very good at reporting" anything of concern.

A record of compliments received about the home was kept and shared with the staff team. The comments included thanks to the staff for the care and kindness shown to the patients.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 are available for review by patients, their representatives, the Trust and RQIA.

There were effective systems in place to monitor all aspects of the running of the home in order to identify deficits and drive improvements required. There was a clear organisational structure in place.

## **6.0 Conclusion**

Patients looked well cared for and comfortable in their surroundings and in their interactions with staff. Staff were seen to be attentive to patients and to offer them the care they required at the right time.

The home was clean, tidy, well decorated and well maintained. There were plentiful supplies of PPE available and high standards of IPC measures were maintained.

Patients and their relatives spoke positively about the care provided. Staff did not express any concerns about the service.

Based on the inspection findings three areas for improvement were identified regarding wound care recording, decluttering of en-suites and storage of thickening agents. Compliance with the areas identified will further enhance the quality of care provided to the patients in the home.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Margaret McGeown, Manager, Christine Thompson, Regional Manager, and the Senior Management Team. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 June 2021</p>	<p>The registered person shall ensure that, in accordance with NMC guidelines, contemporaneous records of wound care are maintained.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Wound trackers in place and kept updated for all wounds. Wound link nurse completes weekly wound audits where the following records are checked: Photograph of resident; resident's details; Body map; Initial wound assessment; Photograph of wound; measurements; Wound care plan to ensure the care plan is reflective of dressing regime and frequency of required dressing change; Wound care plan evaluations; Wound assessment &amp; dressing records; Copy of current medication Kardex; Risk matrix; Records of communication with family/NOK; records of communication with MDT. All Registered nurses completed supervisions regarding wound trackers.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43</p>	<p>The registered person shall ensure that en-suites are decluttered and that equipment is stored in appropriate areas.</p> <p>Ref: 5.2.3</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 July 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> All en-suites have been decluttered and equipment stored appropriately. Weekly Infection Control Audits and Daily spot checks have focused on these areas to ensure the same are maintained.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that thickening agents are safely and securely stored and are not accessible to patients.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All thickening agents have been immediately safely secured and stored appropriately.</p> <p>Supervisions carried out with registered nurses and care staff regarding the administration and safe storage of all thickening agents.</p>

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