

# Unannounced Care Inspection Report 3 August 2020



## 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**  
**Inspectors: Julie Palmer and Mandy Ellis**

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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 nursing home registered to provide nursing care for up to 98 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Macklin Care Homes Ltd</p> <p><b>Responsible Individual:</b> Brian Macklin</p>	<p><b>Registered Manager and date registered:</b> Anne-Marie Lowry Acting- No Application required</p>
<p><b>Person in charge at the time of inspection:</b> Anne-Marie Lowry</p>	<p><b>Number of registered places:</b> 98</p> <p>A maximum of 54 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 44 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> 66</p>

### 4.0 Inspection summary

An unannounced inspection took place on 3 August 2020 from 09.30 hours to 16.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

Following the most recent inspection of the home, carried out on 27 May 2020, RQIA met with the home's management team to discuss concerns which had been identified in relation to the cleanliness of the internal environment/patient equipment and managerial oversight of the home. At this meeting on 2 June 2020 the management team provided RQIA with an action plan which included an agreed timescale for the required improvements.

This inspection was carried out in order to determine if the necessary improvements had been made and sustained. It was positive to note that all areas for improvement identified at the previous inspection had been met and no new areas for improvement were identified.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients spoken with, told us:

- “Staff are very nice.”
- “We all get on well together.”
- “I have no complaints; (staff) are all very nice to me.”

The findings of this report will provide Our Lady’s Home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

#### 4.0 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Anne-Marie Lowry, manager, Christine Thompson, regional manager, and Glen Best, operations director, as part of the inspection process.

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

#### 5.0 How we inspect

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

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with eight patients, six staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. Ten patients’ questionnaires and 10 patients’ relatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with ‘Tell Me cards’ which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- the duty rota from 27 July to 9 August 2020
- five patients' care records
- a sample of governance audits/ records
- a sample of monthly monitoring reports
- staff training records
- equipment decontamination schedule
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 May 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified or reviewed during this inspection are managed to minimise the risk and spread of infection. This relates specifically to the following areas: <ul style="list-style-type: none"> <li>• wall coverings in communal bathrooms</li> <li>• the underside of raised toilet seats/shower chairs</li> <li>• the cleanliness of wall mounted paper towel dispensers/hand sanitisers</li> <li>• the cleanliness and/or condition of patients' wheelchairs/hoist equipment and/or pressure relieving cushions</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that identified bathrooms had been, or were in the process of being, retiled/refurbished. The home was found to be clean, tidy and hygienic throughout.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 10 (1) <b>Stated:</b> First time	The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, they carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill. This includes but is not limited to the robust, proactive and sustained use of quality assurance audits.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of quality assurance audits evidenced that these had been completed in a robust and effective manner.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that communal bathrooms are not used to inappropriately store patient equipment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of communal bathrooms evidenced that these were not used to store patient equipment.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the dining experience of patients is promoted and maintained in keeping with best practice standards at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We observed that the dining rooms were clean, tidy and well decorated. The menu was clearly displayed. The food on offer was well presented and smelled appetising with staff offering patients discreet assistance as required.	

## 6.2 Inspection findings

### 6.2.1. Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the level and skill mix of staff

on duty. Staff had been encouraged to take annual leave; the manager recognised that working through the COVID-19 pandemic had been a stressful and difficult time for staff and wanted to ensure they were enabled to take adequate time off.

Staff spoken with told us that they were satisfied with staffing levels and that teamwork was generally good. The staff also told us that they felt well equipped for their role and that they had been kept updated with information and training relating to the COVID-19 pandemic, IPC measures and use of PPE.

Comments received from staff included:

- “Good teamwork in this unit.”
- “I like it here.”
- “The patients are all lovely.”

Staff feedback to inspectors was shared with the manager, for further consideration and action, as appropriate. . No staff responded to the RQIA on-line survey.

### **6.2.2. Personal Protective Equipment**

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. Staff have a temperature and symptom check on arrival at work; a record of this was maintained. Inspectors also had a temperature and symptom check completed on arrival.

We observed staff carrying out hand hygiene at appropriate times and using PPE in accordance with the regional guidance; staff were seen to put on and take off their PPE correctly. Staff confirmed that they had received training and supervision in the use of PPE; a record of this was maintained.

PPE was readily available throughout the home and stations were well stocked; staff told us that there were always sufficient supplies of PPE available.

### **6.2.3. Infection Prevention and Control measures**

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients’ bedrooms were attractively decorated and personalised. The home was clean, tidy and fresh smelling throughout.

Communal bathrooms were clean and hygienic; refurbishment had been carried out or was underway. The underside of paper towel dispensers and hand sanitisers were observed to be clean. Domestic staff told us that frequently touched points were cleaned at least three times daily.

Storage areas were neat and tidy; equipment was stored in appropriate areas of the home. Review of the equipment cleaning schedule identified gaps in recording at times. Following the inspection the manager confirmed that the daily equipment cleaning schedule had been reviewed and daily spot checks were being undertaken to monitor effectiveness of the process.

We could see that the action plan provided to RQIA following the previous inspection had been implemented; identified improvements had been carried out or were underway as per the agreed timescale.

#### **6.2.4. Care delivery**

We observed that patients looked well cared for and were content and settled in their surroundings. Patients who were in their rooms had call bells within reach; these were answered promptly. There was a friendly and relaxed atmosphere in the home.

Measures were in place to ensure that social distancing guidelines were adhered to with patients being given the option of where they wish to sit during the day; music was playing or TV's were on, as patients preferred.

Visiting is arranged by appointment in keeping with current regional guidance and based upon an appropriate risk assessment. Care had been taken to set up designated areas in an effort to ensure that this was as person centred and meaningful an experience as possible; staff helpfully assisted patients and their relatives, as required.

We observed the serving of lunch in one of the dining rooms and found this to be a pleasant and unhurried experience for the patients. The dining room was clean and tidy, the menu was attractively displayed, the food on offer was well presented and smelled appetising, staff were helpful and attentive.

Observation of staff confirmed that they knew the patients very well; they demonstrated their knowledge of individual patients' likes and dislikes and were seen to treat patients with kindness and warmth.

Patients commented positively about life in the home; they told us:

- "Pretty good."
- "Carers are very caring."
- "Brilliant... I can't complain."
- "The staff are good."
- "Lunch was grand, it was quite tasty."

We spoke to a visiting speech and language therapist (SALT) who was in the home; they commented that they recognised the busy workload which nursing staff had on a daily basis and that as a result there was a wait to speak to them at times but staff were responsive to recommendations and ensured these were followed.

Comments made by patients and SALT were brought to the attention of the manager for information and action as required. No completed patient/relative questionnaires were returned to RQIA.

#### **6.2.5. Care records**

Review of five patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of patients. Daily records and food and fluid intake charts were observed to be informative and up to date. Patients' weights were recorded on at least a monthly basis and an action plan was developed if weight loss was observed. There



was evidence of referral to and recommendations from SALT professionals, the dietician and tissue viability nurse (TVN) where required.

We observed that there had been gaps in evaluation of care plans during the COVID-19 outbreak in the home. Staff told us that they had prioritised patient care at that time and had since ensured evaluations were once again up to date; review of records evidenced this. The manager told us work was being undertaken with staff to review the care planning process; the aim of this was to ensure that care plans were effective, clear, concise and relevant.

#### **6.2.6. Governance and management arrangements**

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home and review of the environment confirmed that these systems were robust. We observed that required improvements had been carried out and were sustained. Audits reviewed contained actions plans where deficits had been identified.

The manager told us that a new framework had been developed to ensure IPC measures were thorough and effective; daily environmental spot checks were undertaken and an external cleaning contractor had been employed to assist domestic staff to ensure the home environment was clean. The manager also discussed the importance of ensuring the environment was pleasant and well maintained, both inside and outside the home, for patients, relatives and staff.

There was a system in place to ensure that accident/incidents were appropriately reported to RQIA as required. Monthly monitoring reports reviewed were clear and concise.

#### **Areas of good practice**

Areas of good practice were identified in relation to staffing, use of PPE, IPC measures, the environment, care delivery, treating patients with kindness, visiting arrangements, care records and management arrangements.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

### **6.3 Conclusion**

Patients looked well cared for, content and settled. Staff were observed to be helpful, attentive and caring towards the patients in their care.

The home was clean, tidy and hygienic; planned improvements had been undertaken or were underway. Domestic staff had received additional support to ensure environmental improvements were sustained.

Minor issues identified during the inspection were promptly and effectively resolved. Following the inspection the equipment cleaning scheduled was reviewed and RQIA were provided with a copy of this. Managerial oversight was robust and effective.

## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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