

Unannounced Care Inspection Report

11 May 2016



Phoenix Clinic & Resource Centre

Address: 1 Lansdowne Road, Newtownards, BT23 4NT

Tel No: 02891822111

Inspector: Karen Scarlett

1.0 Summary

An unannounced inspection of Phoenix Clinic and Resource Centre took place on 11 May 2016 from 09:40 to 15:40 hours.

The inspection sought to assess progress with issues raised during and since the previous 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 competent delivery of safe care to patients; however, weaknesses were identified concerning the condition of the bedroom furniture supplied to patients. A requirement in this regard has been stated for a second time and a detailed refurbishment plan is to be submitted to RQIA with the return of the Quality Improvement Plan (QIP).

Is care effective?

There was evidence that there was competent delivery of effective care and that there were positive outcomes for patients. Discussion with staff and observation at the inspection confirmed that there were effective communication systems in place. Patient care records were well maintained with evidence of meaningful input from patients and their representatives. No areas for improvement were identified.

Is care compassionate?

Observations on the day of inspection and comments from patients, their representatives and staff evidenced that there was competent delivery of compassionate care and that there were positive outcomes for patients. No areas for improvement were identified.

Is the service well led?

There was evidence that the service was well led and that systems were in place to ensure positive outcomes for patients. In order to drive improvement, one recommendation has been made in relation to the auditing of falls.

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
Total number of requirements and recommendations made at this inspection	1*	2

*These requirements and recommendations include one requirement which has been stated for the second time.

Details of the QIP within this report were discussed with Karen Edwards, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection on 5 April 2016. Enforcement action did not result from the findings of this inspection. Other than those actions detailed in the previous QIP there were no further actions required.

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. One adult safeguarding investigation was conducted since the last inspection and this was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

2.0 Service details

Registered organisation/registered person: Ian McCartney	Registered manager: Karen Lynda Edwards
Person in charge of the home at the time of inspection: Karen Lynda Edwards	Date manager registered: 22 February 2012
Categories of care: NH-PH(E), NH-PH	Number of registered places: 36

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 plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with eight patients individually and with the majority of others in groups, three care staff and three registered nurses. Questionnaires were issued to patients' representatives and staff.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas from 2 to 15 May 2016
- staff training records
- a random sample of incident and accident records from January 2015 to the present
- complaints records
- a sample of audits
- monthly quality monitoring reports
- minutes of staff meetings
- minutes of patients/relatives meetings
- one recent recruitment file
- maintenance records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 April 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP is to be returned and assessed by the estates inspector. Validation of this QIP when returned will be undertaken by the estates team at the next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 8 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12 (1) Stated: First time	The registered person must ensure that at all times patients' needs are individually met and delivered in a timely way.	Met
	Action taken as confirmed during the inspection: Discussion with patients and staff and observations on the day of inspection evidenced that patients' needs were being met in a timely way. This requirement has been met.	

<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p>	<p>The registered persons shall draw up a refurbishment programme with planned dates in which the programme will be implemented. A copy of the refurbishment plan with timescales should be forwarded to RQIA upon the return of the Quality Improvement Plan, (QIP).</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered persons did not submit a sufficiently detailed refurbishment plan following the most recent care inspection. They also did not respond to a letter sent by RQIA on 13 November 2015 requesting this to be sent to RQIA by 1 December 2015. Observations of patients' bedrooms on the day of the inspection found that drawer units, wardrobes and seating were chipped and scratched and therefore, were unable to be effectively cleaned. In addition, handles were missing and drawers would not close properly in some cases. Repairs had been carried out but these had not satisfactorily addressed these issues. The aligned estates inspector was informed for their information and action as required.</p> <p>This requirement has not been met and has been stated for a second time.</p>	<p>Not Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the identified mattress properly fits the bed, ensure the identified bed is repaired and ensure furniture and patients' belongings are safely placed in their bedrooms.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The identified mattress had been replaced and all furniture had been secured to ensure the safety of the patient. This requirement has been met.</p>	<p>Met</p>

<p>Requirement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person must also ensure the management of bedrails at all times meets the MHRA Device Bulletin DB December 2013 Safe Use of Bed Rails.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The majority of bed rails in use were integrated with the bed frame. One third party bed rail was in use and this was found to be secure on examination. In those records reviewed, bed rail risk assessments were in place for all patients and care plans completed as appropriate. There was evidence of discussion with patients and their representatives in relation to their use. This requirement has been met.</p> <p>However, it was noted that weekly bed rail checks, performed by maintenance staff, had not been carried out since 4 April 2016. They had been carried out regularly prior to this date. A recommendation has been made that these are carried out at least weekly.</p> <p>An incident was reported by a patient on the day of inspection in relation to bed rails. This was appropriately managed by the registered manager. Please refer to Section 4.3 for further information.</p>		

4.3 Is care safe?

The registered 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. A review of the staffing rota for week commencing 2 May until 15 May 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of one recent recruitment record evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). In discussion with the registered manager, it was agreed that printed copies of the NMC checks would be kept on file to provide further evidence that checks have been carried out.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A patient was overheard reporting an incident to care staff in which they sustained a minor injury to their knee from a bed rail as a result of a manual handling procedure the previous day. The member of care staff reported this appropriately to the registered nursing staff and manager. The incident was discussed with the registered manager who stated that they had consulted with the patient. The patient had previously declined to use bed rail bumpers but, following the consultation, agreed to their use in an effort to prevent any further injury. Following discussion, the manager confirmed that this would be reported to the patient's care manager in accordance with local adult safeguarding protocols. The registered manager confirmed this had been done in an email to RQIA on 12 May 2016 and the appropriate action taken based on their advice.

A safeguarding issue which occurred since the last care inspection was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

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 risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. The communal areas of the home and the bathrooms were generally presented to a good standard and many rooms had been recently painted. However, the furniture in patients' bedrooms, specifically drawer units, wardrobes and seating were found to be chipped, scratched, damaged and repairs had not satisfactorily addressed these issues, which had been identified at the previous care inspection. The furniture could, therefore, not be effectively cleaned in accordance with best practice in infection prevention and control. A requirement made at the previous care inspection, regarding the submission of a refurbishment plan, has been stated for a second time. Please refer to section 4.2 for further information.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

A requirement has been stated for the second time that the registered persons draw up a refurbishment programme with planned dates in which the programme will be implemented. A copy of the refurbishment plan with timescales should be forwarded to RQIA upon the return of the Quality Improvement Plan, (QIP).

Number of requirements	1	Number of recommendations:	0
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4.4 Is care effective?

Review of three 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 risk assessments informed the care planning process. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. There was evidence that the care planning process included meaningful input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Repositioning charts were maintained in accordance with best practice guidance, care standards and legislative requirements.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff spoken with confirmed that this provided sufficient information to enable them to care for their patients. A communication book was maintained in order to pass on relevant information regarding patients to staff. In addition, a daily manager's report was carried out to ensure that relevant information regarding patients was communicated to the registered nurse in charge of each shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN, for example.

Discussion with the registered manager, staff and notices on display, confirmed that staff meetings were held on a quarterly basis. Records were maintained of these meetings, although the minutes of the latest meeting in April had yet to be typed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patients' meetings were held on a quarterly basis. Minutes of these were available. One patient commented that they would like these to be held more often and this comment was shared with the registered manager for her consideration. The first relatives meeting had been held in October 2015 and the registered manager stated that there were plans to hold more of these.

Patients knew the registered manager and those spoken with expressed their confidence in raising concerns with the home's staff and management.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Relationships between patients and staff were observed to be friendly and they were observed to be joking and laughing together throughout the day. Patients were having their hair cut and styled on the day of inspection and were clearly enjoying this.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The lunch time meal was observed in the dining room. Patients were offered a choice of meal, drinks and clothing protection. They were observed to be enjoying their meals and these were well presented. Assistance was being offered to patients as required. The atmosphere was calm and relaxed.

Discussion with patients and staff and notices on display, evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. On the day of inspection the registered manager was collating the responses of recently returned patient and relative questionnaires in order to produce a quality report. The responses were generally positive and all respondents rated the care as good or excellent. Two respondents commented that improvements were required to the home's environment.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Those patients spoken with commented positively regarding the care in the home, the staff and the registered manger. One patient commented that it was their birthday and they were going on a short break to celebrate. Another patient specifically commented on the value of the physiotherapy provided by the home. They commented that they felt part of a family in the home and would be surprised if we found anything wrong. One patient raised a complaint regarding manual handling and this was actively addressed by the staff and the registered manager. Please refer to section 4.3 for further information.

No patients' representatives were available to consult on the day of inspection. The registered manager was issued with ten questionnaires to distribute following the inspection and none were returned.

Ten questionnaires were left with the registered manager to distribute to staff not on duty on the day of inspection and none were returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered 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 patients 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 up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations at the inspection evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that policies and procedures were indexed, dated and approved by the registered person.

Discussion with the registered manager and review of the home's complaints record evidenced that there had been no recent complaints. Systems were in place to manage these in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered 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.

Discussion with the registered manager and a 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 accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, incidents/accidents and medicines.

In general the results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. The records of quarterly falls audits were reviewed since January 2016 and this listed the number of falls and identified patients who fell frequently. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. However, pertinent information regarding falls, for example, the time of day and location of falls, had not been captured. Trends and themes had not been identified to evidence the actions taken or any learning to be identified. It was noted that the registered manager had arranged for herself and other staff to attend falls training organised by the local Trust for June 2016. A falls safety cross was also completed daily by staff to note the number of falls. A recommendation has been made that the falls audits are further developed to evidence actions taken and any learning.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

A recommendation has been made that the falls audit is further developed to identify any patterns or trends and to evidence any action taken.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Karen Edwards, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27 (2) (b)

Stated: Second time

To be completed by:
with the return of the QIP

The registered persons shall draw up a refurbishment programme with planned dates in which the programme will be implemented. A copy of the refurbishment plan with timescales should be forwarded to RQIA upon the return of the Quality Improvement Plan, (QIP).

Ref: Section 4.2

Response by registered person detailing the actions taken:
Refurbishment Program starting in Sept, and to be completed by May 2018 – see refurbishment program attached.

Recommendations

Recommendation 1

Ref: Standard 47

Stated: First time

To be completed by:
18 May 2016

The registered persons should ensure that bed rail checks are carried out and documented at least weekly to ensure that equipment is maintained in a safe manner.

Ref: Section 4.2

Response by registered person detailing the actions taken:
Weekly checks are completed by Business manager and recorded in Maintenance File.

Recommendation 2

Ref: Standard 22

Stated: First time

To be completed by:
11 July 2016

The registered person should ensure that the falls audit is further developed to identify any patterns or trends and to evidence any action taken.

Ref: Section 4.6

Response by registered person detailing the actions taken:
The falls audit (accident book) now includes more detail identifying patterns to evidence taken.



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