



Unannounced Care Inspection Report 1 August 2019



Phoenix Clinic & Resource Centre

Type of Service: Nursing Home
Address: 1 Lansdowne Road, Newtownards BT23 4NT
Tel no: 02891822111
Inspector: Linda Parkes

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 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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 36 patients.

3.0 Service details

Organisation/Registered Provider: Phoenix Healthcare (NI) Ltd Responsible Individual: Ian McCartney	Registered Manager and date registered: Karen Lynda Edwards 7 November 2012
Person in charge at the time of inspection: Karen Lynda Edwards	Number of registered places: 36
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 1 August 2019 from 09.35 hours to 17.05 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Phoenix Clinic and Resource Centre which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding the safe storage of cleaning products to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home, the contemporaneous recording of patient charts, that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime and maintenance of a safe and healthy working environment.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*1	*5

*The total number of areas for improvement include two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Karen Lynda 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.

4.2 Action/enforcement taken following the most recent inspection dated 7 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 7 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 15 July to 11 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- five patient reposition charts
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 29 April to 17 June 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure that fire exits are kept clear and are free from obstruction.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of two fire exits evidenced that both were not free from obstruction. This improvement has not been met and will be stated for the second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered person shall ensure that recruitment processes are further developed to ensure that any gaps in the employment record are explored and explanations recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of two staff recruitment and induction files evidenced that recruitment processes have been further developed to ensure that any gaps in the employment record are explored and explanations recorded. This improvement has been met.	
Area for improvement 2 Ref: Standard 23 Stated: Second time	The registered person shall ensure that pressure relieving mattresses are set in accordance with the patient's weight.	Met
	Action taken as confirmed during the inspection: Discussion with the registered nurse and review of a sample of pressure relieving mattresses evidenced they have been set in accordance with the patient's weight. This improvement has been met.	
Area for improvement 3 Ref: Standard 37 Stated: First time	The registered person shall ensure that records are available for inspection in the home at all times and that the nurse in charge in the absence of the registered manager knows how to access these.	Met
	Action taken as confirmed during the inspection: Discussion with registered nurses and review of the location of records checklist evidenced that the nurse in charge in the absence of the registered manager knows how to access these. This improvement has been met.	

Area for improvement 4 Ref: Standard 5 Stated: First time	The registered person shall ensure that information regarding patients' individual care recommendations are not displayed on notice boards in order to respect their human rights.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of two identified notice boards within the home evidenced that information regarding patients' individual care recommendations were displayed. This improvement has not been met and will be stated for a second time.	
Area for improvement 5 Ref: Standard 46 Stated: First time	The registered person shall ensure that staff adhere to best practice in infection prevention and control. This relates to appropriate storage in cupboards and the concerns identified in relation to the identified bathroom, toilets and wash basins.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of storage in cupboards and the concerns identified in relation to the identified bathroom, toilets and wash basins evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 15 July to 11 August 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Phoenix Clinic & Resource Centre. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

A patient commented: "They're smashing. If I need anything they will get it. I'm well looked after and have no concerns."

No patient representatives were available to speak to on the day of inspection. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). New care staff are required to join the NISCC register as soon as possible following commencement of employment.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding infection prevention and control (IPC), adult safeguarding, behaviours that challenge, control of substances hazardous to health (COSHH), modified diet and fluids awareness training, moving and handling training and fire awareness.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager is identified as the safeguarding champion.

We reviewed accidents/incidents records from 1 October 2018 to 7 January 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment.

Two identified fire exits were observed to have large numbers of boxes stored that would cause an obstruction should the home need to be evacuated safely in the event of an emergency. This was discussed with the registered manager. An area for improvement under regulation was identified for the second time.

Discussion with the registered manager and observation of two identified notice boards within the home evidenced that information regarding patients' individual care recommendations were displayed. This improvement has not been met and will be stated for a second time.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff. It was noted throughout the home that alcohol wipes were stored in the corridors on top of dispensers and could be easily accessed by patients. This was discussed with the registered manager and an area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home's environment.

Areas for improvement

An area for improvement was identified in relation to the safe storage and Control of Substances Hazardous to Health (COSHH).

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of five patient repositioning charts identified gaps in recording the delivery of care. It was noted that the use of the twenty-four hour clock and the schedule of repositioning was inconsistent. This was discussed with the registered manager who agreed to review documentation of patient repositioning charts. An area for improvement was identified.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising and tables were nicely set with condiments. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day was not displayed in the dining room. This was discussed and confirmed by a member of staff who was assisting a patient with their meal. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. An area for improvement was identified.

Three patients commented:

"Good food. Thumbs up"

"Lunch is good"

"Lunch is lovely. Very good"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients and staff.

Areas for improvement

Two areas for improvement were identified in relation to the contemporaneous recording of patient repositioning charts and to ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Our Granny was very happy in Phoenix. Thank you for everything you did for her."
 "... felt very much at home with you all. Many thanks."

During the inspection the inspector met with five patients, small groups of patients in the dining room and lounges and four staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Phoenix Clinic & Resource Centre. 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. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Three patients commented:

"The food's great. The staff's great. I've no concerns".

"The staff's A1. Super".

"I've lived here for a number of years and the staff are great. There's always someone about".

Staff were asked to complete an online survey; we had no responses within the timescale specified.

A staff member commented: "I enjoy working here and in particular I find palliative care rewarding".

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity coordinator's room was observed to have a number of broken cupboards with loose doors that were unhinged and in need of replacement or repair that posed a risk to patient safety. An area for improvement was identified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and in maintaining the dignity and privacy of patients.

Areas for improvement

An area for improvement was identified to ensure that the cupboard doors in the activity coordinator's room are repaired or replaced in order to adhere to health and safety procedures which comply with legislation regarding the maintenance of a safe and healthy working environment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control practices including hand hygiene, the use of personal protective equipment (PPE) and care plans.

Discussion with the registered manager and review of records from 29 April to 17 June 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Lynda Edwards, Registered 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 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 27.4 (c)</p> <p>Stated: Second time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that fire exits are kept clear and are free from obstruction.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Nurse Manger checks fire exits every morning. New shed ordered so pad order can go straight into shed. Meanwhile pad order goes into physio room, and put away ASAP. All other orders go straight to Domestic Shed.</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>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that information regarding patients' individual care recommendations are not displayed on notice boards in order to respect their human rights.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: No personal information regarding residents are on display.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure products used for cleaning are safely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Nurse Manager has spoken to Domestic and Care Assistants to ensure all products are correctly stored.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that patient charts including repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Nurse Manager has spoken to Senor Care Assistants to check re-positioning charts daily and ensure that they are being completed contemporaneously.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that the identified cupboard doors are repaired or replaced in order to adhere to health and safety procedures which comply with legislation regarding the maintenance of a safe and healthy working environment.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Kitchen Staff reminded to display menu daily on black board provided in dining room.</p> <p>Response by registered person detailing the actions taken: The identified cupboard doors have now been repaired.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care