



Unannounced Care Inspection Report 2 May 2018



Phoenix Clinic & Resource Centre

Type of Service: Nursing Home (NH)
Address: 1 Lansdowne Road, Newtownards, BT23 4NT
Tel No: 028 91822111
Inspector: Elizabeth Colgan

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Phoenix Healthcare (NI) Ltd Responsible Individual: Iain McCartney	Registered Manager: Karen Lynda Edwards
Person in charge at the time of inspection: Karen Lynda Edwards	Date manager registered: 7 November 2012
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 registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 2 May 2018 from 09.20 to 15.10 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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 in relation to staff induction, training, risk management and effective communication systems. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, quality improvement processes and maintaining good relationships within the home. The environment of the home, with the exception of the areas detailed in section 6.4 of this report, was generally conducive to the needs of the patients and was attractive and comfortable.

Areas requiring improvement were identified in relation to staff recruitment, mouth care, infection prevention and control and some aspects of the environment. Other areas included care records and governance arrangements for quality monitoring visits.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	2	5

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

4.2 Action/enforcement taken following the most recent inspection dated 9 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 November 2017. There were no further actions required to be taken following the most recent 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
- Written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(sai's), potential adult safeguarding issues and whistleblowing
- The returned QIP from the previous care inspection
- The previous care inspection report

During the inspection we met with 11 patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

The following records were examined during the inspection:

- Duty rota for all staff from 16 April to 6 May 2018
- 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
- Three patient care charts including food and fluid intake charts and reposition charts
- A sample of governance audits
- Complaints record
- Compliments received

- RQIA registration certificate
- A sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 9 November 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 11 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered provider should ensure that the refurbishment/redcoration programme continues as planned. As part of the refurbishment plan the wardrobe doors should be checked to ensure that they close properly in the interests of patients' dignity.	Met
	Action taken as confirmed during the inspection: Observation confirmed that the refurbishment/redcoration programme is nearly complete. Wardrobe doors observed on the day of the inspection were properly closed.	

Area for improvement 2 Ref: Standard 35 Stated: First time	The registered provider should ensure that the accident analysis is completed at least monthly.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that accident analysis is completed on a monthly basis.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered provider should ensure that at all times flushes used for PEG feeds are appropriately stored.	Met
	Action taken as confirmed during the inspection: Observation confirmed that flushes used for PEG feeds were appropriately stored.	
Area for improvement 4 Ref: Standard 11 Stated: First time	The registered provider should ensure activities are provided when the activity persons are not available.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with patients and staff confirmed that activities are provided when the activity persons are not available.	
Area for improvement 5 Ref: Standard 40 Stated: First time	The registered provider should ensure that all staff receives individual formal supervision in order to afford staff the time with the registered manager to discuss any concerns or to share of good practice.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that staff had received individual formal supervision.	
Area for improvement 6 Ref: Standard 39 Stated: First time	The registered provider should ensure that all staff are trained on the use of restraint.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with staff confirmed that staff have received training in this area.	

Area for improvement 7 Ref: Standard 35 Stated: First time	The registered provider should ensure that audits contain records of the steps taken to address the shortfalls identified in the action plans.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that audits contained records of the steps taken to address the shortfalls identified in the action plans.	

6.3 Inspection findings

6.4 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 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 from 16 April to 6 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Discussion with the registered manager and staff indicated that one registered nurse left the week before the inspection and another registered nurse was leaving the week after the inspection. The registered manager confirmed that interim arrangements are in place and recruitment ongoing.

Observation of the delivery of care evidenced that generally patients' needs were met by the levels and skill mix of staff on duty. However, on one occasion it was observed that mouth care had not been provided to a patient; this was observed at the start of the inspection and checked again after lunch. This was discussed with the registered manager and an area for improvement against the standards was given in this regard.

Staff spoken with 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 staff questionnaires were returned.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Phoenix Clinic. We also sought the opinion of patients and their representatives on staffing via questionnaires, however, none were returned.

Review of two staff recruitment files evidenced that generally these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. In one staff file reviewed part of the employment history was not available; there was no written evidence that the reason for this gap had been explored. The registered manager stated this had been discussed with the staff member but not recorded. An area for improvement against the standards has been made in this regard. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Review

of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

Review of mandatory training and staff training records confirmed that staff were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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, well decorated, and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

A number of issues were identified for improvement under standards in relation to cleaning and the decoration of the environment, were observed, specifically in relation to:

- In an identified bedroom the drawer at the bottom of a wardrobe was broken
- In an identified shower room the top of the shower outlet was missing
- In an identified ensuite the floor and fixtures were dusty and the floor cluttered with dusty vases and equipment
- In an identified sluice room there were dirty vases on the floor and the mop bucket and mop were not clean

Three issues were identified for improvement under regulation in relation to infection prevention and control specifically in relation to two identified treatment/clinical rooms:

- Single use syringes were being reused to dispense medication
- In an identified bedroom a box containing creams, items for a peg tube and dressings was very dusty and soiled
- Mops were not stored inverted when not in use

The registered manager maintained records of the incidences of health care acquired infections (HCAIs), in line with guidance from Public Health Authority (PHA) guidance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, induction, training, supervision and appraisal, adult safeguarding, and risk management.

Areas for improvement

The following areas were identified for improvement in relation to, staff recruitment, infection prevention and control, delivery of mouth care and the home's environment.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in the management of nutrition, patients' weight, and wound care and a daily record was maintained to evidence the delivery of care. It was identified that a short term care plan had not been devised for an infection. A care plan for mouth care had not been updated to reflect current instructions from the dentist and a care plan for challenging behaviour did not have triggers or external causation factors recorded. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts for food and fluid intake records evidenced that contemporaneous records were maintained. However, in one identified bedroom it was observed that the pressure relieving mattress had not been set in accordance with the patient's weight. An area for improvement under the standards was made.

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.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient and relatives meetings were held on a regular basis. Minutes were available. Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas were identified for improvement in relation to record keeping the first area related to ensuring short term care plans are devised as required, and that care plans fully reflect the current needs of the patient. The second area for improvement related to ensuring that the pressure relieving devices are set in accordance with the patient's weight.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

We arrived in the home at 09.20 hours and were greeted by staff who were helpful and attentive. Some patients were enjoying a breakfast in the dining room, or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Some patients expressed their disappointment that the home did not now have a minibus, they stated that they do have a mobility income for wheelchair taxis, however, this limits the amount of trips they can take. Patients were advised to raise this issue with the homes management.

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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Review of the menu evidenced that only one choice was available. However, discussion with patients and staff indicated that alternative choices were given if required. This was discussed with the registered manager who stated that all alternatives would be recorded on the menus. 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.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Eleven patients and six staff were consulted to determine their views on the quality of care within Phoenix Clinic and Resource Centre. Some comments to the inspector were as follows:

Staff

- "No concerns, the patients get good care."
- "I am happy working here, there is good teamwork."
- "I think the patients are well looked after."
- "The staff all care about the patients."

Patients

- "The food could be improved."
- "It's nice here, the staff are very kind and the food is lovely."
- "It is very good, the staff look after us."
- "Staff are good."
- "I have good friends here."
- "We would like to be listened to more."

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.

Ten relative and eight questionnaires were provided; none were returned within the timescale

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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/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/manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 accidents/incidents, IPC practices, care records, the environment. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds, occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were not completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes 2015. The records evidenced visits for May, August and October 2017 and February and April 2018. An area for improvement against the regulations has been made.

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

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to quality monitoring visits

	Regulations	Standards
Total number of areas for improvement	1	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 Mrs Karen 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 further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically:</p> <ul style="list-style-type: none"> • Single use syringes were being reused to dispense medication. • In an identified bedroom a box containing creams, items for a peg tube and dressings was very dusty and soiled. • Mops were not stored inverted when not in use. <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: BOXES CONTAINING CREAMS IN C1 NOW CLEARED OUT. SYRINGES USED FOR SINGLE USE AND MOPS REMOVED FROM SLUICE AND STORED CORRECTLY IN DOMESTIC STORE</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2018</p>	<p>The registered person shall ensure that quality monitoring visits are completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: MONITORING VISITS WILL BE COMPLETED MONTHLY</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 2 May 2018</p>	<p>The registered person shall ensure that that mouth care is given when needed.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: MOUTH CARE IS GIVEN AS REQUIRED</p>

<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2018</p>	<p>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.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: ALL EXPLANATIONS IN GAPS IN EMPLOYMENT RECORDS ARE NOW RECORDED</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2018</p>	<p>The registered person shall ensure that the following areas relating to the environment are addressed.</p> <ul style="list-style-type: none"> • In an identified bedroom the drawer at the bottom of a wardrobe was broken. • In an identified shower room the top of the shower outlet was missing. • In an identified ensuite the floor and fixtures were dusty and the floor clutter with dusty vases and equipment. • In an identified sluice room there were dirty vases on the floor and the mop bucket and mop were not clean. <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: ALL OF THE ABOVE HAVE BEEN ADDRESSED</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2018</p>	<p>The registered person shall ensure that care plans are devised for identified needs and fully reflect the changing needs of the patients.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: CAREPLAN AUDITS ARE DONE REGULARLY TO CHECK THAT THEY FULLY REFLECT CHANGING NEEDS OF RESIDENTS</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2018</p>	<p>The registered person shall that pressure relieving mattress are set in accordance with the patient's weight.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: SENIOR CARE ASSISTANT CHECKLIST NOW INCLUDES CHECK TO ENSURE MATTRESSES ARE AT CORRECT PRESSURE FOR CLIENT WEIGHT</p>

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



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