

# Inspection Report

9 March 2022



## Phoenix Clinic & Resource Centre

Type of service: Nursing Home  
Address: 1 Lansdowne Road, Newtownards, BT23 4NT  
Telephone number: 028 9182 2111

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Phoenix Healthcare (NI) Ltd  <b>Responsible Individual:</b> Mr Iain McCartney	<b>Registered Manager:</b> Mrs Karen Lynda Conway
<b>Person in charge at the time of inspection:</b> Mrs Karen Lynda Conway	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 36 patients with a physical disability. All bedrooms are on the ground floor and patients have access to communal lounges, the dining room, an activity room and the garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 March 2022 from 10.30 am to 4.30 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery and maintaining good working relationships.

Two areas for improvement have been identified in relation to Control of Substances Hazardous to Health (COSHH) and staff supervision.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

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

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

The findings of the inspection were discussed with Mrs Karen Conway, Manager, at the conclusion of the inspection.

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

During the inspection we spoke with six patients individually, small groups of patients in the dining room and four staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection no responses to questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“The staff are all lovely and very easy to talk to which is always a good thing. I’m really glad ... is at Phoenix Clinic because it gives me peace of mind at how well he is treated and cared for. Thank you.”

## 5.0 The inspection

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

The last care inspection to Phoenix Clinic & Resource Centre was undertaken on 22 December 2020 by a care inspector; no areas for improvement were identified.

The most recent inspection was undertaken by the pharmacist inspector on 6 January 2022. Two areas for improvement identified were not reviewed during this inspection and have been carried forward for review at the next inspection.

Areas for improvement from the last inspection on 06 January 2022		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> Second time	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4, Part 1 are denatured and rendered irretrievable prior to disposal.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall review and revise the Standard Operating Procedure for the disposal of controlled drugs.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, qualification evidence was unavailable to view. This was discussed with the manager who advised she would address the issue and that she was assured that the staff member was appropriately qualified for the role. Information received by RQIA, on 14 March 2022 from the manager, evidenced that the staff member was suitably qualified for their role.

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 2021/2022 evidenced that staff had attended training regarding adult safeguarding, moving and handling, speech and language, dysphagia awareness, food fortification for patients requiring special diets and fire safety.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Four patients spoken with said:

"I'm getting on ok. I've no problems and the staff are nice."

"The staff are great and very supportive. I've no issues."

"I love it here and I'm very happy."

"All's going well. The staff and the manager are good."

### 5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. There was evidence that care reviews had been undertaken by the care manager from the local Trust.

Review of care records regarding nutrition evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

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. 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 plans were in place for the management of bed rails.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Supplementary records regarding fluid intake were reviewed and were found to be well documented with the patients' total fluid intake recorded at the end of each day.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. The manager advised that dieticians from the local Trust completed a monthly, virtual ward round in order to review and monitor the weight of all patients in the home.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (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), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and appetising and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. 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 daily menu was displayed in the dining room on a chalk board showing patients what is available at each mealtime. Patients able to communicate indicated that they enjoyed their meal.

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

We observed the internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

In a bathroom, a paper towel dispenser was observed to be broken and required to be replaced. This was discussed with the manager who advised she would address the matter. Correspondence from the manager on 14 March 2022 confirmed that a new dispenser has been ordered.

Specialist equipment in the physiotherapy room and throughout the home, such as hoists and wheelchairs were observed to be clean. The manager advised that physiotherapy offered to patients helps to identify and maximise movement in order to improve their health and wellbeing.

The treatment room and cleaner's store were observed to be appropriately locked. However, two sluice rooms were observed to be unlocked and three spray bottles of cleaning product could be easily accessed. The safe storage of chemicals was discussed with the manager. An area of improvement under regulation was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

## 5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

There was a range of activities provided for patients by the activity therapist. Discussion with staff and patients evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients' needs were met through a range of individual and group activities, such as the book club, reminiscence therapy sessions, wellbeing group sessions and craft mornings.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

There were suitable systems in place to support patients to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

## 5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with staff and patients evidenced that the 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 manager.

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.

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).

Discussion with the 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 falls, the use of personal protective equipment (PPE) and infection prevention and control (IPC) practices, including hand hygiene.

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

A selection of competence and capability assessment records for trained staff were reviewed regarding Nurse in Charge and medication competency. Records viewed were noted to be dated and signed by the manager.



Review of staff appraisal records evidenced that they had commenced for 2022. The manager advised they are ongoing and that arrangements are in place that all staff members have an appraisal completed this year.

However, review of staff supervision records highlighted that not all staff had completed these during 2020/2021 and no individual staff supervision had been undertaken in 2022. This was discussed and confirmed by the manager, who advised she would address the matter. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Mrs Karen Conway was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

The manager advised no complaints have been raised during 2022 and that systems were in place to ensure that complaints were managed appropriately. Patients and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The manager advised that patient and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

A staff member said, "The manager and staff are very good and supportive. I'm happy in my job."

## 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	2*

\* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Conway, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4, Part 1 are denatured and rendered irretrievable prior to disposal.  Ref: 5.1 & 5.2.3
<b>To be completed by:</b> From the date of the inspection	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.  Ref: 5.2.3
<b>To be completed by:</b> From the date of the inspection	<b>Response by registered person detailing the actions taken:</b> ALL CHEMICALS ARE NOW STORED TO COMPLY WITH COSHH. THERE ARE LOCKED CUPBOARDS IN BOTH SLUICES FOR SAFE STORAGE ADDITIONALLY TO THE LOCKED DOMESTIC STORE
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall review and revise the Standard Operating Procedure for the disposal of controlled drugs.  Ref: 5.2.3
<b>To be completed by:</b> 6 February 2022	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time	The registered person shall ensure that staff supervision is completed no less than every six months and more frequently if necessary and that a record is maintained.  Ref: 5.2.5

<b>To be completed by:</b> From the date of the inspection	<b>Response by registered person detailing the actions taken:</b> THE NURSE MANAGER WILL ENSURE THAT STAFF SUPERVISION IS COMPLETED AT LEAST EVERY 6 MONTHS AND IS RECORDED. THIS HAS ALREADY COMMENCED
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*\*Please ensure this document is completed in full and returned via Web Portal*



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