

Inspection Report

18 November 2022



Phoenix Clinic & Resource Centre

Type of service: Nursing
Address: 1 Lansdowne Road, Newtownards, BT23 4NT
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Phoenix Healthcare (NI) Ltd Responsible Individual: Mr Iain McCartney	Registered Manager: Mrs Karen Lynda Conway Date registered: 7 November 2012
Person in charge at the time of inspection: Mrs Karen Lynda Conway, Manager	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: 32
Brief description of the accommodation/how the service operates: 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 18 November 2022 from 09.55 am to 5.00 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.

Five areas for improvement have been identified in relation to medicine management, updating records of patients' personal possessions, staff recruitment and health and safety. The total number of areas for improvement includes three which are carried forward for review at the next inspection.

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 eight patients individually, small groups of patients in the dining room and nine staff. Patients' representatives were unavailable to consult with. 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.

A patient spoken with commented: "The staff are brilliant and very good to me. I've no issues at all."

5.0 The inspection

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

An announced inspection took place on 31 August 2022 and continued on 26 September 2022. This was completed by a finance inspector.

An area for improvement was identified in relation to updating the records of patients' personal possessions. The improvement identified was not reviewed during this inspection and has been carried forward for review at the next inspection.

The last care inspection to Phoenix Clinic & Resource Centre was undertaken on 9 March 2022 by a care inspector.

Areas for improvement from the last inspection on 31 August and 26 September 2022.		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: 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.	Carried forward to the next inspection
	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.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the environment evidenced that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH).</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the Standard Operating Procedure for the disposal of controlled drugs.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Review of records evidenced that staff supervision is completed no less than every six months and more frequently if necessary.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the patients' inventory of personal possessions is kept up to date with adequate details of the items brought into the patients' rooms. The records should be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a new 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, there was no evidence that gaps in employment history had been explored and a physical health declaration was unavailable to view. This was discussed with the manager and an area for improvement was identified.

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.

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 2022 evidenced that staff had attended training regarding adult safeguarding, first aid, moving and handling, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. Records showed that staff had also attended training in relation to dysphagia awareness, complex behaviour and positive behaviour.

The manager confirmed that staff had undertaken training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).

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.

Staff told us they were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

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.

Care records regarding nutrition and catheter management were reviewed and 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.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Review of supplementary charts regarding food and fluid intake evidenced they were well documented. The total amount of patients' fluid intake was recorded daily.

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 main dining room. The daily menu was displayed on a menu board showing patients what is available at each mealtime. 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 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. 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. Adequate numbers of 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.

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 and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the

date, time and place. Equipment used by patients such as wheelchairs and hoists were seen to be clean and well maintained.

The treatment room and cleaner's store were observed to be appropriately locked when staff were not present. However, it was observed that the door to the room that stored the hot water heating system was unlocked and cupboards in two identified bathrooms that housed junction boxes with electric cables, were seen to be unlocked and easily accessed. This was discussed with the manager as it could cause potential harm to patients' health and welfare and an area for improvement 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.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

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 members 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

Discussion with patients confirmed that they were able to choose how they spent their day. They could stay in their bedrooms or in the communal lounges.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as the debate society, musical entertainment, boccia, quizzes and Christmas arts and crafts.

Review of patients' activity records evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Comments recorded showed that patients enjoyed the activities they attended.

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.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff members 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 care plans, the environment 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 residents' next of kin and their care manager and appropriate action had been taken.

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

It was established 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.

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

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

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
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes three 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: 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
To be completed by: From the date of inspection	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.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3
To be completed by: From the date of inspection	Response by registered person detailing the actions taken: THE SHOWER ROOMS CONTAINING CUPBOARDS WITH EXPOSED PIPES ARE NOW KEPT LOCKED

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 6 February 2022	The registered person shall review and revise the Standard Operating Procedure for the disposal of controlled drugs. Ref: 5.1
	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.
Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 18 November 2022	The registered person shall ensure that the patients' inventory of personal possessions is kept up to date with adequate details of the items brought into the patients' rooms. The records should be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 5.1
	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.
Area for improvement 3 Ref: Standard 38 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that records regarding recruitment of staff are at all times available for inspection in the home by any person authorised by the RQIA. This relates specifically to ensure that gaps in employment records are explored and explanations recorded and regarding the availability of pre-employment health assessment. Ref: 5.2.1
	Response by registered person detailing the actions taken: ALL RECORDS ARE NOW UP TO DATE AND ALL GAPS IN EMPLOYMENT HISTORY HAVE BEEN COMPLETED. HEALTH ASSESSMENTS ARE GOING TO BE UPDATED YEARLY ALONG WITH APPRAISALS FROM JAN 2023

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



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