



Unannounced Care Inspection Report 22 December 2020



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 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home 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 and date registered: Karen Lynda Edwards – 7 November 2012
Person in charge at the time of inspection: Karen 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: 26

4.0 Inspection summary

An unannounced care inspection took place on 22 December 2020 from 10.45 to 15.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

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

The following areas were examined during the inspection:

- the environment/Infection Prevention and Control
- staffing and care delivery
- patients' records
- governance and management.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Karen Edwards, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report

During the inspection the inspector met with three patients individually, small groups of patients in the dining room and six staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received within the timescale specified.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas from 14 December 2020 to 27 December 2020
- 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
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- two patients' reposition chart
- two patients' Central Nervous System (CNS) observation charts
- two patients' care records
- RQIA registration certificate

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

The most recent inspection of the home was an unannounced care inspection undertaken on 28 January 2020.

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 13 (1) (b) Stated: First time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are completed. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of two patients' neurological observation charts, post fall evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or the patient's representative, to reflect patients' needs in respect of their health and welfare. This should be monitored and reviewed. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of two patients' care records evidenced that consultation with the patient or the patient's representative, to reflect patients' needs in respect of their health and welfare had been undertaken. It was noted that records had been monitored and reviewed. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that reports of visits by the registered provider/monthly monitoring reports are completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: 6.6</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of quality monitoring reports from 30 September 2020 to 30 November 2020 evidenced that this area for improvement has been met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</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: 6.1& 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of two patients' repositioning charts evidenced that they had been completed contemporaneously in accordance with legislative requirements and best practice guidance. This area for improvement has been met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall fit washable covers to all pull cords.</p> <p>Ref: 6.3</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation of pull cords throughout the home evidenced that washable covers were in place. This area for improvement has been met.</p>		

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

An inspection of the home's environment was undertaken which 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. The cleaner's store was observed to be locked appropriately.

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 was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

Information displayed on notice boards throughout the home was observed to be laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice.

Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 14 December 2020 to 27 December 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there were sufficient staff on duty to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

We observed the serving of the lunchtime meal. Staff advised that due to social distancing guidelines, patients were having their meals delivered on trays to their rooms and that those who wished to have their meal in the dining room would also be accommodated. The food appeared nutritious and appetising and was covered on transfer whilst being taken to patients' rooms. 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. 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 offering patients a choice of meal was displayed in a suitable format.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity planner was displayed in the reception area of the home advising patients of planned activities during the month of December 2020. Patients were observed to enjoy a question game of true or false in the dining room, facilitated by the activity therapist while adhering to social distancing guidelines.

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

Two patients commented:

"All's good. I'm happy at Phoenix. The staff and the food's great and I've no concerns or worries."

"The food's good. The manager and staff are supportive and I've no concerns."

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

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

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

"A special thank you to all the staff at Phoenix for looking after ... We appreciate everything you have done for him and are forever grateful."

"I would like to thank you all for the warm reception shown to me and my family over the years. I hope you all stay safe and healthy in 2021."

6.2.3 Patient records

Review of two patient's care records evidenced that care plans regarding falls management, the use of bedrails, nutrition and weight 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. Central Nervous System (CNS) observations had been conducted and monitored for twenty-four hours following a head injury or an unwitnessed fall.

Review of two patients' reposition charts evidenced that the patients' assessed reposition regime had been adhered to and was well documented.

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.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. 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).

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 2020 evidenced that staff had attended training regarding adult safeguarding, infection prevention and control (IPC) and fire safety.

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, infection prevention and control (IPC) practices, including hand hygiene, and the environment.

We reviewed accidents/incidents records from 29 January 2020 to 14 December 2020 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.

Discussion with the manager and review of records from 30 September 2020 to 30 November 2020 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.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

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

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found regarding the provision of activities, adult safeguarding, risk management, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

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 and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep patients, staff and visitors safe in line with the Department of health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding governance arrangements and maintaining good working relationships.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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