

Unannounced Care Inspection Report 11 April 2017



Phoenix Clinic & Resource Centre

Type of service: Nursing Home
Address: 1 Lansdowne Road, Newtownards, BT23 4NT
Tel No: 028 9182 2111
Inspector: Donna Rogan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Phoenix Clinic and Resource Centre took place on 11 April 2017 from 11.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. There was a refurbishment programme in place and the redecoration to date has enhanced most areas of the home. The refurbishment is on-going and a recommendation is made that the refurbishment/redecoration programme continues as planned. As part of the refurbishment plan it was agreed that all the wardrobe doors would be checked to ensure that they close properly in the interests of patients' dignity. Falls audits are completed every three months. The audit had not been completed since January 2017. A recommendation was made that the accident analysis is completed at least monthly as there was a total of 22 accidents recorded since January 2017. A recommendation was also made that all flushes used for PEG feeds are appropriately stored at all times.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. There was evidence of engagement with patients' and their representatives. A recommendation is made that activities are arranged for patients when the activity persons are not in the home.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Staff were knowledgeable regarding patient care and anticipated their needs and tended to them in a timely manner. A number of issues were raised in relation to comments made by staff in seven of the nine returned questionnaires. A meeting was held with the registered manager and a senior staff nurse in RQIA offices with the inspector and senior inspector on 19 April 2017 to discuss the issues raised and to seek clarity regarding the management arrangements in the home. Clarity to a number of issues was provided and RQIA are satisfied with the explanations provided. As a result of the meeting two recommendations have been made in regards to staff training on restraint; and individualised supervision with care staff. Details can be seen in section 4.5 of the report.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing.

One recommendation is made in relation to ensuring audits evidence that the previous recommendations in the action plans have been addressed.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Beverly Atkinson, senior staff nurse, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 February 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Phoenix Healthcare (N.I.) Ltd Ian McCartney	Registered manager: Karen Lynda Edwards
Person in charge of the home at the time of inspection: Beverly Atkinson, Senior Staff Nurse	Date manager registered: 22 February 2012
Categories of care: NH-PH(E), NH-PH	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit.

During the inspection we met with 17 patients individually and others in small groups, six care staff, two registered nurses and two ancillary staff members and one allied health professional.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient, ten staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- four patient care records
- staff training records
- staff induction template
- complaints records
- compliment records
- incidents/accidents records since the last care inspection
- minutes of staff' meetings
- minutes of patient' and their representatives' meetings
- annual quality review
- medical alerts and safety action bulletins
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 10 April 2017 to 23 April 2017.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (b) Stated: Second time	The registered persons shall draw up a refurbishment programme with planned dates in which the programme will be implemented. A copy of the refurbishment plan with timescales should be forwarded to RQIA upon the return of the Quality Improvement Plan (QIP).	Met
	Action taken as confirmed during the inspection: RQIA can confirm that a refurbishment programme with planned dates for completion has been submitted. The work had progressed as detailed in the programme. A recommendation is made that the refurbishment programme is continued to be fully implemented as planned.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 47 Stated: First time	The registered persons should ensure that bed rail checks are carried out and documented at least weekly to ensure that equipment is maintained in a safe manner.	Met
	Action taken as confirmed during the inspection: There was recorded evidence that bed rails are conducted at least weekly by the business manager.	
Recommendation 2 Ref: Standard 22 Stated: First time	The registered person should ensure that the falls audit is further developed to identify any patterns or trends and to evidence any action taken.	Met
	Action taken as confirmed during the inspection: The falls audit is conducted at least three monthly by the registered manager. However given the number of accidents recorded from January 2017 a recommendation is made to ensure the accident analysis is conducted at least monthly.	

4.3 Is care safe?

The senior staff nurse 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 10 April 2017 to 23 April 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients confirmed that they had no concerns regarding staffing levels. Comments were made on staff returned questionnaires regarding staffing levels. Please see section 4.5 for details.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with the administrator and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A high percentage of staff were compliant with the home's mandatory training requirements.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had been appropriately completed.

The senior staff and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. One patient disclosure was discussed with the senior nurse in charge regarding a behaviour identified to the inspector. The behaviour was screened out by the safeguarding team. Advice was provided by the inspector that all incidents regarding patient behaviours should be accurately recorded. It was confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 30 May 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed by the registered manager every three months to identify any potential patterns or trends. A review of the accident records and audits evidenced that there was a total of 22 accidents recorded since January 2017. An analysis of accidents had not been completed since January 2017. Given the numbers of accidents recorded it is recommended that a monthly analysis of accidents should be completed in order to ensure any preventative measures are taken in a timely way and any common trends are identified.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. A refurbishment/redecoration plan is in place detailing dates of when works have been completed or are planned to be completed. The work completed to date has enhanced the environment of the home. A recommendation is made to ensure the refurbishment/redecoration programme continues to be implemented. As part of the refurbishment plan it was agreed that all the wardrobe doors would be checked to ensure that they close properly in the interests of patients' dignity.

All areas in the home were observed to be clean and tidy. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were generally well maintained. One area was raised in relation to the inappropriate storage of one patient's flushes for the maintenance of their PEG feeds. A recommendation is made that they are appropriately stored at all times.

Areas for improvement

Three recommendations are made in this domain.

It is recommended that accident analyses are conducted at least monthly.

It is recommended that the refurbishment/redecoration programme is continued to be implemented and that all wardrobe doors are checked/repared to ensure they close properly in the interests of patient dignity.

A recommendation is also made that flushes used for PEG feeds are appropriately stored at all times.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

All of the records reviewed had several assessments completed by allied health professionals and they were formulated as part of the care planning process. There was sufficient evidence in place to confirm that the advice provided by allied health professionals had been adhered to. One allied health care professional consulted with confirmed that their instructions were usually always adhered to.

The review of care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping. A review of personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff also confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. All those consulted with confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Discussion with the senior staff nurse and staff confirmed that staff meetings were conducted regularly. Minutes of the meetings were available and included details of attendees; dates; topics discussed and decisions made. Furthermore, there was evidence that relatives meetings had been conducted on a three monthly basis. The administrator confirmed that minutes of relatives' meetings would be shared with patients' next of kin.

Patients and representatives spoken with were confident in raising any concerns they may have with the staff and/or management.

On the day of inspection there were no formal activities arranged for patients. The senior staff nurse stated that the activity person was currently on leave. A recommendation is made that activities are arranged for patients when the activity persons are not in the home.

Areas for improvement

One area for improvement is made in this domain in relation to patient activities. A recommendation is made.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Two registered nurses, six carers and two ancillary staff member were consulted to ascertain their views of life in Phoenix Clinic and Resource Centre Home. Staff confirmed during the inspection that when they raised a concern, they were happy that the home's management would take their concerns seriously.

Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Nine of the questionnaires were returned within the timescale for inclusion in the report. Two staff questionnaire were positive regarding all aspects of safe, effective, compassionate care within a well led service. However seven raised concerns regarding the following;

- staffing levels
- staff training in relation to restraint and behaviour management
- not provided with enough information regarding patient care
- no support for care staff
- consultation with the management and their availability

Due to the number of staff expressing concern regarding management arrangements in the home a meeting was arranged with the inspector and senior inspector in RQIA offices with the registered manager and a senior staff nurse on 19 April 2017. The issues raised were discussed with the registered manager who agreed to investigate the issues and provide an action plan. Following the meeting RQIA clarity was provided and RQIA were satisfied that suitable arrangements would be put in place in order to address the concerns raised by staff.

Two recommendations were made in order to ensure the matters would be addressed. They relate to individual formal staff supervision with care staff in order to afford staff the time with the registered manager in order to discuss any concerns or to share of good practice. A recommendation is also made that all staff should be trained on the use of restraint. Seventeen patients were consulted. 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 patient questionnaires were left in the home for completion. Two the questionnaires were returned in time for comments to be included in the report.

Some patient comments made during the inspection and in the returned questionnaires were as follows:

- “this place is so unique”
- “if we go out we have to pay for a wheelchair taxi which is very expensive”
- “would like to get out more”
- “all the staff need a pay rise, they work so hard”
- “so happy here, this place is great”
- “the staff are wonderful”
- “the food is brilliant”
- “the staff are kind and thoughtful, they would do anything for you”
- “I cannot complain about a thing”.

There were no patient representatives available for consultation during the inspection. Eight relative questionnaires were left in the home for completion. None of the questionnaires were returned.

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room. Lunchtime commenced at 12.30 hours. Most patients were seated around tables which had been appropriately laid out for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. A menu was on display reflecting the food served. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients were observed to be assisted in an unhurried manner. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Areas for improvement

Two recommendations were made in this domain.

It is recommended that all care 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.

The registered provider should ensure that all staff are trained on the use of restraint.

Number of requirements	0	Number of recommendations	2
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4.6 Is the service well led?

Discussion with the senior staff nurse evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the senior staff nurse evidenced that the home was operating within its registered categories of care.

Discussion with staff and review of the home's complaints records evidenced 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. The complaints procedure was displayed at reception. The senior staff nurse confirmed that any learning gained from complaints was discussed during staff meetings. There were no complaints recorded from March 2016.

Compliments received were displayed on various notice boards throughout the home. Some examples of compliments were displayed as follows:

- "We want to thank all of you for the loving care given to"
- "Thank you for the all the care given to ... whilst in Phoenix Nursing Home."
- "Thank you for all your help".

Discussion with the senior staff nurse and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, complaints and infection prevention and control. However there was no evidence recorded that the issues raised in the previous action plans were addressed. A recommendation is made in this regard. A recommendation has also been previously made regarding the analysis of accidents in section 4.3.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the senior staff nurse and review of records evidenced that monthly quality monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. The registered manager confirmed that copies of the reports were made available for patients, their representatives, staff and trust representatives upon request.

Areas for improvement have been identified in the safe, effective, compassionate and well led domains. Compliance with these requirements and recommendations will further drive improvements in these domains.

Areas for improvement

One are for improvement was identified during the inspection in this domain in relation to auditing.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, Beverly Atkinson, senior staff nurse in charge, and Karen Edwards, registered manager by telephone on 14 April 2017 as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP through the portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered provider should ensure that the refurbishment/redecoration 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.</p> <p>Ref: Section 4.2 and 4.3</p> <p>Response by registered provider detailing the actions taken: Refurbishment and redecoration programme continues as planned, including checking wardrobe doors to ensure they close properly.</p>
<p>Recommendation 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that the accident analysis is completed at least monthly.</p> <p>Ref: Section 4.2 and 4.3</p> <p>Response by registered provider detailing the actions taken: The accident audit is now completed at least monthly</p>
<p>Recommendation 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that at all times flushes used for PEG feeds are appropriately stored.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The sterile warer for PEG flushes is now appropriately stored and no longer in the bathroom</p>
<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p>	<p>The registered provider should ensure activities are provided when the activity persons are not available.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The activity workers now leave programme of activities for days they are not on duty</p>
<p>Recommendation 5</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken: The nurse manager has now commenced individual supervision for all staff</p>

<p>Recommendation 6</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p>	<p>The registered provider should ensure that all staff are trained on the use of restraint.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: The learning reps are sourcing training on restraint through the RCN.</p>
<p>Recommendation 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p>	<p>The registered provider should ensure that audits contain records of the steps taken to address the shortfalls identified in the action plans.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Audits now contain records of the steps taken to address shortfalls and dates are forwarded in diary for nurse manager to check they have been addressed</p>

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