



Unannounced Care Inspection Report 7 November 2018



Phoenix Clinic & Resource Centre

Type of Service: Nursing Home (NH)
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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Phoenix Clinic & Resource Centre Responsible Individual: Iain McCartney	Registered Manager: Karen Lynda Edwards
Person in charge at the time of inspection: Senior Staff Nurse Lisa Hunter	Date manager registered: 7 November 2012
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 7 November 2018 from 09.35 to 16.05 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to the provision of staff, monitoring the professional registration of staff, communication between staff and patients and the patient dining experience.

Areas requiring improvement were identified in relation to the obstruction of fire exits, the availability of records for inspection, the confidentiality of patient information and adherence to best practice in infection prevention and control.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings, were well cared for and had confidence that staff had the training, ability and willingness to meet their needs. No concerns were expressed by patients during the inspection and patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

A patient sitting in the lounge said, “The staff are great. They help me with everything I need.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*5

*The total number of areas for improvement include one standard which has been stated for a second time and one standard which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Lisa Hunter, Senior Staff Nurse, as part of the inspection process. Due to unforeseen circumstances the registered manager was unavailable on the day of the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 2 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 2 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five patients, and six staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the Senior Staff Nurse with 'Have we missed you 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.

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

The following records were examined during the inspection:

- duty rota for all staff from 29 October to 5 November 2018
- staff appraisal records from 21 May to 19 October 2018
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from June to October 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

An area for improvement identified at the last care inspection was not reviewed as part of this inspection and is carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken 2 May 2018. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 2 May 2018

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 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically: <ul style="list-style-type: none"> • Single use syringes were being reused to dispense medication. • In an identified bedroom a box containing creams, items for a peg tube and dressings was very dusty and soiled. • Mops were not stored inverted when not in use. 	Met
	Action taken as confirmed during the inspection: Observation and discussion with the Senior Staff Nurse confirmed this area for improvement has been met.	
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that quality monitoring visits are completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the Senior Staff Nurse confirmed this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered person shall ensure that that mouth care is given when needed.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the Senior Staff Nurse confirmed this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that recruitment processes are further developed to ensure that any gaps in the employment record are explored and explanations recorded.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Employment records were not available for the inspector to view due to the manager's unforeseen absence. This area for improvement was not reviewed and has been carried forward for assessment at the next care inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the following areas relating to the environment are addressed.</p> <ul style="list-style-type: none"> • In an identified bedroom the drawer at the bottom of a wardrobe was broken. • In an identified shower room the top of the shower outlet was missing. • In an identified ensuite the floor and fixtures were dusty and the floor clutter with dusty vases and equipment. • In an identified sluice room there were dirty vases on the floor and the mop bucket and mop were not clean. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation and discussion with the Senior Staff Nurse confirmed this area for improvement has been met. Areas for improvement were identified at this inspection in relation to infection prevention and control. Please refer to section 6.4 for further information.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are devised for identified needs and fully reflect the changing needs of the patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the Senior Staff Nurse and review of four patients' care records evidenced that this area for improvement has been met.</p>		

Area for improvement 5 Ref: Standard 23 Stated: First time	The registered person shall ensure that pressure relieving mattress are set in accordance with the patient's weight.	Not met
	Action taken as confirmed during the inspection: It was noted that pressure relieving mattresses were not set in accordance of the patients' weights or recorded in the senior care assistant checklists. On discussion with staff it was evident that they did not know how to regulate the settings. This area for improvement has not been met and has been stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge 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 29 October to 5 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

A staff member said, "I have no concerns about staffing. I've worked here a long time and everyone helps each other."

We also invited staff to complete an online survey across the four domains; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Phoenix Clinic & Resource Centre. We also sought the opinion of patients on staffing via questionnaires. One questionnaire was returned. The patient indicated that they were very satisfied with the care they received and indicated there was "enough staff to care."

We also sought relatives' opinion across the four domains; we had no responses within the timescale specified.

Staff recruitment files were unavailable for inspection as the registered manager was absent due to unforeseen circumstances and staff were not authorised to access these. An area for improvement identified at the previous care inspection in relation to recruitment was not reviewed and has been carried forward for assessment at the next care inspection.

Discussion with the registered manager after inspection confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff. As these files were unavailable to view on the day of inspection, the registered manager gave us assurance that they were updated on a regular basis.

We discussed the provision of mandatory training with staff and 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. Training records were unavailable for the inspector to view in accordance with Standard 39 of The Nursing Homes Care Standards. However, observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Staff confirmed annual appraisals had been completed. Review of staff appraisal records from 21 May to 19 October 2018 evidenced this.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA were unavailable for the inspector to view. Records are required to be available to view on RQIA inspection and the nurse in charge in the absence of the manager should know how to access these. An area for improvement was identified.

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

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

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

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. Two storage cupboards were found to be cluttered and untidy with items on the floor. It was noted that items including a bed pan, pillows and bedding were on the floor in one store cupboard. An identified bathroom was in need of repair. The bath panel and shower head requires to be replaced and it was noted that pieces of metal chain from the bath plug were sitting on the side of the bath in pieces. This was removed immediately by the nurse in charge. It was noted that under sinks and the bases of communal

toilets were dusty and stained. This was discussed with the nurse in charge as it did not adhere to infection prevention and control measures and best practice guidance. An area for improvement was identified.

The fire exit and corridor outside the laundry had a trolley stored that would cause an obstruction should the home need to be evacuated. Also a number of stacked boxes were stored beside the stairs in the same corridor. This practice was brought to the attention of the Senior Staff Nurse who removed the trolley without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under regulation has been identified.

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. Care plans were in place for the management of bedrails and alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff knowledge of adult safeguarding arrangements and the home's environment.

Areas for improvement

An area for improvement under regulation to ensure that fire exits are kept clear and free from obstruction was identified. Two areas for improvement under standards in relation to the availability of records for inspection and adherence to best practice in infection prevention and control were identified.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Records in relation to nutrition were found to be well maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. 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), the speech and language therapist (SALT) or the dietician. There was also evidence that the care plans were reviewed when these recommendations changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The Senior Staff Nurse advised that patient and staff meetings were held on a regular basis. Minutes were available.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management. They were aware of who the registered manager was.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and effective communication with patients, relatives, 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

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Staff were observed responding to patient's needs and requests promptly and cheerfully. Patients were observed seated in one of the lounges or in their bedroom as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Discussion with the physiotherapist who visits twice a week confirmed that hydrotherapy in the home's swimming pool is offered to patients as well as an exercise programme in the physio room.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Three patients commented:

"The food's good."

"I couldn't complain about the food here."

"I'm enjoying lunch."

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. However it was noted that a list of patient's names, diet and fluid recommendations was displayed on the notice board in the dining room beside the serving hatch. It is important that patients' human rights are respected in regards to confidentiality. An area for improvement was identified.

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Phoenix Clinic & Resource Centre. 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.

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

"You made a difference to the last few weeks of ...life. You all looked after her with love and kindness."

"We thank you so much for making a difficult experience for us bearable."

Questionnaires were provided for patients and their representatives. No responses were received.

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

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the mealtime experience.

Areas for improvement

An area for improvement under standards in relation to patients' confidentiality was identified.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager. As stated in Section 6.4, records in relation to training and notifications to RQIA were unavailable. The nurse in charge in the absence of the manager should know how to access these for inspection and an area for improvement was made.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the nurse in charge was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

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

Discussion with the nurse in charge 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 records.

Discussion with the Senior Staff Nurse and review of records from June to November 2018 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.

Discussion with the nurse in charge and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa Hunter, Senior Staff Nurse, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.4 (c) Stated: First time To be completed: Immediate action required	The registered person shall ensure that fire exits are kept clear and are free from obstruction. Ref: 6.4 Response by registered person detailing the actions taken: Daily checks of Fire Exits on Senior Care Assistants checklist. Manager will also do daily check.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 38.3 Stated: First To be completed by: 7 December 2018	The registered person shall ensure that recruitment processes are further developed to ensure that any gaps in the employment record are explored and explanations recorded. Ref: Sections 6.2 and 6.4 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 23 Stated: Second time To be completed: Immediate action required	The registered person shall ensure that pressure relieving mattresses are set in accordance with the patient's weight. Ref: Section 6.5 Response by registered person detailing the actions taken: This was addressed last time and added to Senior C/As checklist. And they were shown how to check this. Further training has now been given to C/As and Senior C/As checks daily.
Area for improvement 3 Ref: Standard 37 Stated: First time To be completed: Immediate action required	The registered person shall ensure that records are available for inspection in the home at all times and that the nurse in charge in the absence of the registered manager knows how to access these. Ref: Section 6.4 and 6.7 Response by registered person detailing the actions taken: Meeting with Senior Staff to inform them what all the inspector will need and where to locate them. Business Manager was in the building on the day of inspection with key, and had access to all these documents.

<p>Area for improvement 4</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that information regarding patients' individual care recommendations are not displayed on notice boards in order to respect their human rights.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: The dietary details of residents that was displayed in the dining room is now kept in a file where only staff have access.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that staff adhere to best practice in infection prevention and control. This relates to appropriate storage in cupboards and the concerns identified in relation to the identified bathroom, toilets and wash basins.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: More regular infection control audits will take place to ensure staff are adhering to best practice in infection prevention and control. All stores have been tidied and concerns in relation to bathrooms etc addressed.</p>

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



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