



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Phoenix Clinic & Resource Centre
Establishment ID No:	1281
Date of Inspection:	19 May 2014
Inspector's Name:	Lorraine O'Donnell
Inspection ID:	18331

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Phoenix Clinic & Resource Centre
Address:	1 Lansdowne Road Newtownards BT23 4NT
Telephone Number:	028 91822111
E mail Address:	phoenixclinic@hotmail.co.uk
Registered Organisation/ Registered Provider:	Phoenix Healthcare (N.I.) Ltd Mr Iain McCartney
Registered Manager:	Mrs Karen Lynda Edwards
Person in Charge of the Home at the Time of Inspection:	Mrs Karen Lynda Edwards
Categories of Care:	NH-PH, NH-PH(E)
Number of Registered Places:	36
Number of Patients Accommodated on Day of Inspection:	31
Scale of Charges (per week):	£637.00
Date and Type of Previous Inspection:	17 September 2013, Primary unannounced inspection
Date and Time of Inspection:	19 May 2014 10:00 am - 1:00 pm
Name of Inspector:	Lorraine O'Donnell

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of care plans
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved in respect of the Quality Improvement Plan issued following the previous inspection of September 2013.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Phoenix Clinic and Resource Centre is situated on the outskirts of Newtownards, off the Comber Road. It is situated in a residential area and the local town can be accessed by taxi. The home provides a minibus which is funded by the home and used for day trips for patients.

Phoenix Clinic and resource centre is a purpose built facility and provides accommodation for thirty six patients but at present chooses to accommodate thirty two by using double rooms as spacious singles. The home is registered to accommodate patients who require nursing care in the category of physical disablement under and over pensionable age.

All patient accommodation is on the ground floor. All bedrooms have ensuite facilities.

There are grounds to the rear of the building with an open area at the front, which is popular with patients.

The home provides a range of facilities including a physiotherapy room, a diversional therapy room and a hydro therapy pool.

The certificate of registration issued by the RQIA was displayed in the reception area of the home.

3.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

Since the previous care inspection of September 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Phoenix Clinic and Resource Centre.

4.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Phoenix Clinic and Resource Centre. The inspection was undertaken by Lorraine O'Donnell on 19 May 2014 from 10:00 am to 1:00 pm.

The inspector was welcomed into the home by Mrs Karen Edwards, the registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Karen Edwards at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspector examined two patients care records which evidenced at the time of admission to the home the patients had the required risk assessments completed. The manager provided evidence of an audit which she carried out on records following the admission of a patient. Following review of the records an action plan was written and discussed with the named nurse by the registered manager.

As a result of the previous inspection conducted on 17 September 2013 two requirements and eight recommendations were issued.

The progress made by the home in respect of compliance with the previous QIP was examined during this inspection.

The inspector evidenced that both requirements had been fully complied with. Five recommendations had been fully complied with and two were substantially complied with. One recommendation remained not compliant. Details can be viewed in the section immediately following this summary.

Conclusion

The home's general environment was well maintained.

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard.

During the inspection the staff were observed to treat the patients with dignity and respect taking into account their views.

Good relationships were evident amongst staff and patients/residents. The demeanour of patients indicated that they were relaxed in their surroundings.

Three recommendations are stated for a second time as a consequence of this inspection. These recommendations are detailed in the follow up from the previous quality improvement plan (QIP).

The inspector would like to thank the patients/residents, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	29 (1) (2) & (3)	It is required that unannounced monitoring visits are undertaken each month and a report provided in accordance with Regulation 29.	The inspector examined the monthly unannounced monitoring reports issued from September 2013 to May 2014. These reports were found to be in accordance with Regulation 29.	Compliant
2.	14(2) (c)	<p>It is required that at the time of each patient's admission to the home, the following minimum information should be completed on the day of admission to the home.</p> <ul style="list-style-type: none"> • a validated nursing assessment such as Roper, Logan and Tierney • validated bedrail assessment • a validated pressure risk assessment such as Braden • a validated nutritional risk assessment such as MUST • a validated falls risk assessment • a validated safe moving and handling assessment. 	<p>The inspector examined the records of a patient who had been recently admitted to the home. These records included;</p> <ul style="list-style-type: none"> • validated bedrail assessment • a validated pressure risk assessment such as Braden • a validated nutritional risk assessment such as MUST • a validated falls risk assessment • a validated safe moving and handling assessment. <p>The inspector also examined records of an audit of records following the admission of a new patient which included an action plan.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.2	It is recommended that a policy is developed in relation to the arrangements in place regarding the Regulation 29 unannounced visits. The policy and procedure should be reflective of the statutory requirements.	The inspector examined the policy and procedure relating to the Regulation 29 unannounced visits. The policy was found to be reflective of the statutory requirements.	Compliant
2.	25.6	It is recommended that the registered person ensures that patients and their representatives are made aware of the availability of the Regulation 29 report.	The inspector can confirm a notice is displayed in the reception of the home to inform patients and their representatives of the availability of the Regulation 29 report.	Compliant
3.	10.7	It is recommended that care plans relating to the use of lap belts are updated to clearly state who prescribed the use of lap belts, when the lap belts are to be applied, who is responsible for checking the lap belts when in use and a review date should be stated.	<p>The inspector was able to evidence from care plans that the use of lap belts had been prescribed.</p> <p>There was no evidence available to demonstrate who is responsible for checking lap belts when in use and a review date was not stated.</p> <p>This recommendation is stated for a second time.</p>	Not Compliant

4.	10.7	It is recommended that a policy in the safe use and management of restraint is developed to include guidance on each or any form of restraint that is or may be applied in the home, and generally be reflective of the RCN guidelines "Let's Talk About Restraint".	<p>The inspector can confirm that the policy on restraint was dated as having been reviewed and updated 10 October 2013.</p> <p>The policy included guidance on a variety of forms of restraint and was reflective of the RCN guidelines "Let's Talk About Restraint".</p>	Compliant
5.	10.7	The record of discussion with the relative, relating to the use of any form of restraint, should be more specific to evidence that there has been a consultation process relating to each method of restraint in place for the safety and wellbeing of the patient, rather than the phrase "any other specialized equipment".	<p>The records examined evidenced that there was a consultation process relating to each method of restraint and the home had developed a separate consent form for each type of restraint that may be required.</p> <p>However these records did not include a review date.</p> <p>This recommendation is stated for a second time.</p>	Substantially Compliant
6.	6.2	Registered nurses must sign and date each entry made on care records and the actual date the patient was weighed should be documented in the patient's care records.	<p>The inspector found from the records of three patients examined, they were not consistently dated and signed by staff.</p> <p>This recommendation is stated for a second time.</p>	Substantially Compliant

7.	11.2	A wound management policy should be developed to reference current best practice documents, and also state the notification procedure where a patient has a pressure ulcer of Grade 2 or above.	<p>The wound policy was examined by the inspector; it had been updated in November 2013.</p> <p>The policy included best practice advice documents and indicated that RQIA must be notified of all pressure ulcers grade 2 and above.</p>	Compliant
8.	13.2	<p>The registered person should ensure that outings for patients are not compromised due to staff holidays.</p> <p>Ref 11.4</p>	During discussion the inspector had with the manager the provision of the transport for outing by the home was complimentary. The inspector did examine records of a residents meeting which confirmed the registered person discussed the transport arrangements explaining this was a complimentary arrangement.	Compliant

6.0 Additional Areas Examined

6.1 Meal Times.

The inspector observed the serving of the lunch time meal.

Meals were served in the dining room in two sittings, the inspector observed one registered nurse and four care workers attending to the needs of ten patients. This staffing level was very appropriate and met the needs of the patients.

Staff were observed treating patients with respect and encouraging independence. Staff responded promptly to calls for assistance.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Karen Edwards, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Lorraine O'Donnell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Phoenix Clinic & Resource Centre

19 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Karen Edwards during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.7	<p>It is recommended that care plans relating to the use of lap belts are updated to clearly state who prescribed the use of lap belts, when the lap belts are to be applied, who is responsible for checking the lap belts when in use and a review date should be stated.</p> <p>Ref section 4</p>	Two	Nurses are in the process of updating all Careplans to clearly reflect who prescribed the use of lap belt, when they are to be applied & who has to check them.	By end June 2014
2.	10.7	<p>The record of discussion with the relative, relating to the use of any form of restraint, should be more specific to evidence that there has been a consultation process relating to each method of restraint in place for the safety and wellbeing of the patient, rather than the phrase “any other specialized equipment”.</p> <p>Ref section 4</p>	Two	Consent forms had been changed following last inspection to individual ones for each form of restraint. We have now also added review dates at the bottom.	By end June 2014
3.	6.2	<p>Registered nurses must sign and date each entry made on care records and the actual date the patient was weighed should be documented in the patient’s care records.</p> <p>Ref section 4</p>	Two	All Nurses reminded about Signing & Dating all records & recording actual date patient was weighed.	By end June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Karen Edwards
Name of Responsible Person / Identified Responsible Person Approving Qip	Iain McCartney

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	L O'Donnell	15/7/14
Further information requested from provider			