



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 28 January 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 registered nursing home which provides care for up to 36 patients.

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 Lynda 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: 32

4.0 Inspection summary

An unannounced inspection took place on 28 January 2020 from 09.45 hours to 17.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Phoenix Clinic & Resource Centre which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home 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 throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals and the home's environment. 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 valuing patients and their representatives. Good practice was found regarding governance arrangements and maintaining good working relationships.

Areas for improvement were identified regarding the contemporaneous recording of patient care plans, the recording of neurological observations, regarding reports of visits by the registered provider/monthly monitoring reports and in relation to infection prevention and control.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	3	*2

*The total number of areas for improvement includes one which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Karen Edwards, Manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 1 August 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 20 January to 2 February 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
- five patient care records
- three patient neurological observation charts
- three patient repositioning charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 29 April 2019 to 13 January 2020
- RQIA registration certificate.

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

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

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 27.4 (c) Stated: Second time	The registered person shall ensure that fire exits are kept clear and are free from obstruction.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of fire exits evidenced that they are kept clear and are free from obstruction. 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 5 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of notice boards throughout the home evidenced that information regarding patients' individual care recommendations are not displayed in order to respect their human rights. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 47 Stated: First time	The registered person shall ensure products used for cleaning are safely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to maintain a safe environment within the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the environment evidenced that products used for cleaning are safely stored to comply with Control of Substances Hazardous to Health (COSHH). This area for improvement has been met.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that patient charts including repositioning charts are completed contemporaneously in accordance with legislative requirements and best practice guidance.	Not met
	Action taken as confirmed during the inspection: Discussion with the manager and review of three patients' repositioning charts evidenced that they have not been completed contemporaneously in accordance with legislative requirements and best practice guidance. This area for improvement has not been met and is stated for the second time. For details see Ref: 6.4	

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation of the menu board in the dining room evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 47</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the identified cupboard doors are repaired or replaced in order to adhere to health and safety procedures which comply with legislation regarding the maintenance of a safe and healthy working environment.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and observation of the identified cupboard doors evidenced that they have been removed to make a storage shelf in order to adhere to health and safety procedures which comply with legislation regarding the maintenance of a safe and healthy working environment. This area for improvement has been met.</p>		

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 20 January to 2 February 2020 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. Discussion with the manager advised that agency staff have been block booked in order to provide continuity of care for patients. Review of agency staff records evidenced that a system is in place in order to check agency staff profiles before commencement of shifts.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned 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. No questionnaires were returned within the timescale specified.

Three patients' representatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

A review of records 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.

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 2019 evidenced that staff had attended training regarding deprivation of liberty safeguards (DoLS), adult safeguarding, complex behaviour, infection prevention and control (IPC), first aid and fire training.

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.

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, fresh smelling and clean throughout. It was observed in identified bathrooms in the home that pull cords were not covered, meaning they could not be effectively cleaned in order to minimise the risk of infection for staff, patients and visitors. This was discussed with the manager and an area for improvement was identified.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

An area for improvement was identified in relation to infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

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

We reviewed the management of falls, pressure relief, continence and restrictive practice. Care records regarding continence and restrictive practice were well documented and 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.

Neurological observation charts for three patients who had unwitnessed falls were reviewed. It was noted that they were not recorded for a period of twenty-four hours in line with post fall protocol and current best practice. This was discussed with the manager and an area for improvement was identified.

In two patient records reviewed there was evidence that care planning was not reflective of patient needs and the multidisciplinary team recommendations. Deficits were identified in record keeping with regards to the management of pressure relief, to direct staff in the provision of care. This was discussed with the manager and registered nurse and an area for improvement was identified.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats and lap belts. Care plans were in place for the management of bedrails and lap belts. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians.

Review of three patient repositioning charts showed that there were gaps in the recording of the delivery of care. The charts evidenced that the frequency of the repositioning of patients and the time recorded was inconsistent as both the twelve and twenty-four hour clock had been used. Two patients' charts showed no evidence of the frequency of repositioning, leading to confusion in the recording of the delivery of care. This was discussed with the manager who advised she would review patient repositioning charts and address the matter with staff. An area for improvement was identified for the second time.

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.

We observed the serving of the lunchtime meal in the dining room on the ground floor. Patients were assisted to the dining room or had trays delivered to them as required. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and adequate numbers of staff were 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 daily menu was displayed in a suitable format in a suitable location showing what is available at each mealtime.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

Two areas for improvement were identified regarding the contemporaneous recording of patient care records and the recording of patient neurological observation charts.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 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.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

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.

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

“Thank you to all the Phoenix team for the support and warm atmosphere.”
 “I would like to say thank you for all your time and help.”

During the inspection the inspector met with four patients, small groups of patients in the dining room and lounges, three patients' relatives and seven staff. All patients spoken with commented positively regarding the care they receive and the 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. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Three patients commented:

“All’s good. I’ve no concerns. I really enjoy the activities especially the dancing last week.”

“I’ve no concerns. The food’s very good.”

“The manager’s approachable and I would be confident she would address any concerns. I don’t have any.”

Two relatives commented:

“You haven’t enough pages to write on. The staff are saints. Marvellous. We have no concerns and the manager’s great. We come in to visit down hearted and leave feeling better.”

“They’re (staff) good with ... Also they’re good at letting you know if there are any changes.”

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

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The programme of activities was observed to be displayed in a suitable format in an appropriate location in order that residents know what is scheduled.

On the day of inspection it was observed that the physiotherapist and two staff members were assisting patients with hydrotherapy in the home’s swimming pool.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in maintaining the dignity and privacy of patients.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and representatives evidenced that the 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.

Discussion with the manager and review of records from 29 April 2019 to 13 January 2020 evidenced gaps in monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Records of quality monitoring visits for August, September and December 2019 were unavailable to view. An area for improvement was identified.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff or management. The manager advised no complaints were raised in January 2020.

Areas of good practice

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

Areas for improvement

An area for improvement was identified regarding the monthly reports of visits by the registered provider/monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	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 Karen Edwards, Manager, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed Immediate action required</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are completed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: CNS observations have always been completed after unwitnessed falls. They are now done for a full 24 hrs in line with current best practice.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2020</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Care plans are in place for all residents following consultation with the resident or representative. The Nurse Manager is auditing these more regularly to ensure compliance</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</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>Response by registered person detailing the actions taken: As explained during the inspection, I the Provider was critically ill in hospital. Following rehabilitation these reports have recommenced and I wish to put on record in this report my great appreciation to my Nurse Manager and all my staff for their support to myself, my husband and son during this very stressfull period</p>

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 4.9 Stated: Second time	<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>
To be completed: Immediate action required	<p>Response by registered person detailing the actions taken: The Nurse Manager is doing weekly spotchecks of repositioning charts to ensure that they are being completed contemporaneously</p>
Area for improvement 2 Ref: Standard 46.2 Stated: First time	<p>The registered person shall fit washable covers to all pull cords.</p> <p>Ref: 6.3</p>
To be completed by: 28 February 2020	<p>Response by registered person detailing the actions taken: The Business Manager has ordered washable covers for all pull cords</p>

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



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