

Inspection Report

18 December 2021



Pond Park Care Home

Type of service: Nursing Home
Address: 2 Derrriaghy Road, Lisburn BT28 3SF
Telephone number: 028 9267 2911

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Ms Amanda Celine Mitchell</p>	<p>Registered Manager: Ms Julie McCall</p> <p>Date registered: 11 May 2021</p>
<p>Person in charge at the time of inspection: Mrs Angela Stafanoiu – acting deputy manager</p>	<p>Number of registered places: 58</p> <p>A maximum of 11 patients in category NH-DE accommodated in the Wallace Suite. There shall be a maximum of 3 named residents receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 51</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 58 patients. The home is divided in three units; the Pond Park House and the Millennium units located on the first floor in which patients receive general nursing care; and the Wallace unit located on the ground floor in which care is provided to people living with dementia.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 December 2021 from 10.10 am to 5.10 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0. Four areas for improvement were carried forward for review at the next inspection.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Pond Park Care Home was provided in an effective, compassionate and well led manner by staff who knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Pond Park Care Home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

4.0 What people told us about the service

Six staff, 18 patients and three relatives were spoken with. Five questionnaires were returned with the relatives indicating they were happy with the care provided in the home. No feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

The relatives spoken with were happy with the care partner arrangements and the care their relative was receiving. Verbal feedback from one relative regarding staffing levels, nurse call bell response times and staff knowledge of patients was discussed with the manager during a phone call following the inspection. The manager gave assurances that these matters would be discussed and addressed with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Pond Park Care Home was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • the cleaning of undersides of toilet paper dispensers and shower chairs • the repair and/or replacement of identified shower drains and commodes. <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are available for administration as prescribed. Any omissions must be referred to the prescriber for guidance.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of medicines received into the home are accurately maintained in order to facilitate a clear audit trail to provide evidence that medicines are being administered as prescribed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff have completed training in relation to the Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS), to a level appropriate to their role and responsibilities.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that net pants are only ever provided for individual patient use and any unlabelled items of clothing are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the management of medicines for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • detailed care plans are in place • the reason for and outcome of each administration are recorded. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • each pen is labelled to denote ownership • the date of opening is recorded to facilitate audit and disposal at expiry • dosage directions are not abbreviated. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

One relative spoken with did not feel there was enough staff in the home, although this was not validated on the day of the inspection. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day. One relative told us that some agency staff would not be familiar with their relatives care needs. This was discussed with the manager who gave assurances that this would be discussed with staff and monitored to ensure all staff received a robust handover.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Two patients said that on occasions when staff are busy, they would have to wait longer for staff to respond when they used the nurse call system. One relative spoken with told us their relative would occasionally have to wait for their "buzzer" to be responded to. This was discussed with the manager who agreed to monitor the response times to ensure patients are attended to in a timely manner.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was managed in keeping with best practice guidance, although only one care plan was in place for management of both wounds. This was discussed with the acting deputy manager who arranged for this to be addressed immediately.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were consistently taken following the fall in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

A broken pedal bin was identified in the Pond Park House unit. This was discussed with the manager who gave assurances that this would be replaced.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 9 December 2021. All actions identified by the assessor had been addressed by the manager.

Issues were observed which posed a potential risk to patients' health and wellbeing. Cleaning chemicals were found to be stored in cupboards in communal spaces and a storage cupboard and hairdressing room were found to be unlocked; this allowed potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE did not appear to be frequently displayed at PPE stations. This was discussed with the manager who agreed to have these put in place.

There was an adequate supply of PPE although hand sanitiser was not always readily available in some areas of the home, particularly in some lounge and dining areas. This was discussed with the manager who provided assurances that this would be addressed. Some of the PPE in use was not indicated for use in a healthcare setting. Best practice guidance was shared with the manager by the inspector following the inspection. Assurances were provided by the manager that the use of such PPE would cease immediately.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the applying and removing of PPE, while PPE and hand sanitiser were not readily available in some identified areas of the home. This was discussed with the manager who gave assurances that the hand hygiene and PPE audit would be reviewed to ensure the above deficits are addressed. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. Christmas trees and decorations were noted throughout the home.

There was evidence that some planned activities were being delivered for patients within the dementia unit. An activity planner displayed confirmed varied activities were delivered which included music therapy, hairdressing, movies and one to one activities. Discussion with staff confirmed that activities had not been planned in the general nursing units and staff had not been allocated to provide activities in the absence of the activity therapist. This was discussed with the manager who confirmed an activity therapist had recently left employment in the home and they were actively recruiting for this vacant position. The manager confirmed the home had a recent visit by a local pipe band and the Mayor had also visited the home. A Christmas party with live music was also planned for the following week.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been a change in the management of the home since the last inspection. Ms Julie McCall has been the Registered Manager since 11 May 2021. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Given the deficits identified in some staffs IPC knowledge and practice, the manager agreed to increase audit activity around hand hygiene and PPE use.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for the team to learn and improve. The manager agreed to review current recording systems to evidence the lessons learned from complaint outcomes and how this learning is shared among the staff.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Julie McCall, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	<p>The registered person shall ensure that medicines are available for administration as prescribed. Any omissions must be referred to the prescriber for guidance.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	<p>The registered person shall ensure that records of medicines received into the home are accurately maintained in order to facilitate a clear audit trail to provide evidence that medicines are being administered as prescribed.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: all staff have had supervisions on safe storage of chemicals and the need for improved practice</p> <p>Home Manager has incorporated spot checks into the daily managers report and shall continue to be monitored daily.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • hand sanitiser and personal protective equipment should be readily available throughout the home. <p>Ref: 5.2.3</p>
<p>Response by registered person detailing the actions taken: South Eastern Trust will provide training 01/02/2022 for all staff on infection control focusing on</p> <p>donning and doffing of personal protective equipment appropriate use of personal protective equipment staff knowledge and practice regarding hand hygiene</p> <p>new hand sanitiser and personal protective stations have been put up readily throughout the home</p>	
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the management of medicines for distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • detailed care plans are in place • the reason for and outcome of each administration are recorded. <p>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.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • each pen is labelled to denote ownership • the date of opening is recorded to facilitate audit and disposal at expiry • dosage directions are not abbreviated. <p>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.</p>
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