



The Regulation and
Quality Improvement
Authority

Announced Enforcement Monitoring inspection

Name of establishment:	Pond Park Care Home
RQIA number :	1282
Date of inspection:	22 August 2014
Inspector's name:	Linda Thompson
Inspection number:	20377

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of establishment:	Pond Park Care Home
Address:	2 Derriaghy Road Lisburn BT28 3SF
Telephone number:	028 92672911
Email address:	pond.park.m@fshc.co.uk
Registered organisation/ registered provider:	Four Seasons (Bamford) Ltd Mr James McCall
Registered manager:	Ms Suzanne Scott
Person in charge of the home at the time of inspection:	Ms Suzanne Scott
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI, RC-I
Number of registered places:	58
Number of patients accommodated on day of inspection:	56
Scale of charges (per week):	£567.00
Date and type of previous inspection:	6 June 2014, Secondary unannounced inspection
Date and time of inspection:	22 August 2014 09.00 – 13.30
Name of inspector:	Linda Thompson

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 inspection to assess the level of compliance achieved by the registered persons in respect of two Failure to Comply with Regulations notices issued on 04 July 2014. The notices were issued in respect of non-compliance with regulation 30(1) (d) and 14(4) of the Nursing Homes Regulations (Northern Ireland) 2005.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided 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 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 regional manager on behalf of the Registered Person
- Discussion with the Registered Manager
- Discussion with staff
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of the accidents and incidents records
- Evaluation and feedback

1.3 Inspection Focus

Two Notices of Failure to Comply with Regulations were issued to Pond Park Care Home on 4 July 2014. The notices were in respect of non-compliance with Regulation 30(10(d) and 14(4) of the Nursing Homes Regulations (Northern Ireland) 2005.

The areas of required improvement are detailed below:

In respect of Regulation 30(1) (d)

- The registered persons must ensure that all registered nursing staff and care staff in the nursing home receive training in the identification of what must be notified to RQIA in respect of Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.
- The registered persons must ensure that any event in the nursing home which adversely affects the well-being or safety of any patient is reported to RQIA without delay.
- The registered persons must establish a process of audit to quality assure the reporting of notifiable events, validating that all notifiable events occurring are reported appropriately.

In respect of Regulation 14(4)

- The responsible person must ensure that the registered manager and the registered nursing team are familiar with the procedures for safeguarding of vulnerable adults in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Boards and HSC Trusts.
- The registered persons must ensure that all registered nursing staff and care staff in the nursing home receives refresher training in safeguarding of vulnerable adults.
- The registered persons must ensure that the safeguarding of vulnerable adults training received is fully embedded into practice.
- The registered person must ensure that all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with legislation.
- The responsible person must establish a process of audit to quality assure the reporting of safeguarding events, validating that any occurring are reported appropriately.

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

Pond Park Care home is situated in the semi-rural area of Pond Park, Lisburn at the junction of the Antrim Road and Derriaghy Road. It is centrally located within the local community and is very convenient to shops and community services.

The parking facilities within the grounds of the home adequately meet the needs of current visitors and staff of the home. Public transport facilities are located directly outside the home.

The nursing home is owned and operated by Four Seasons (Bamford) Ltd

The current registered manager is Ms Suzanne Scott. Ms Scott has been registered with RQIA since May 2014.

Accommodation for patients/ residents is provided over three floors of the home. Lower ground is now a dementia care unit with its own separate entrance.

The ground floor and first floors of the home house the majority of patients.

Access to all floors is via a passenger lift and stairs.

Communal lounge and dining areas are provided in the dementia unit on the lower ground floor and across the ground floor of the home.

The home also provides for catering and laundry services on the lower ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 58 persons under the following categories of care:

Nursing care

- I old age not falling into any other category.....if required... to a maximum of 31 patients
- PH physical disability other than sensory impairment under 65
- PH (E) physical disability other than sensory impairment over 65 years
- DE dementia care... to a maximum of 11 patients accommodated within the dementia unit on the lower ground floor.
- TI terminally ill

Residential care

- I old age not falling into any other category
Limited to four residents in rooms 21, 22, 24 and 25.

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

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection 06 June 2014, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Pond Park Care Home.

4.0 Summary

This summary provides an overview of the findings of an announced compliance inspection to Pond Park Care Home. The inspection was undertaken by Linda Thompson on 22 August 2014 from 09.00 – 13.30 hours.

The inspector was welcomed to the home by Ms Suzanne Scott registered manager and Mrs Lorraine Thompson regional manager.

Verbal feedback of the findings of inspection was provided to the registered manager and regional manager at the conclusion of the inspection.

The inspector examined a selection of records to determine the level of compliance achieved against the requirements illustrated in the failure to comply with regulations notices.

The inspector can confirm that full compliance with all areas identified in the Failure to Comply Notices is achieved.

The quality improvement plan (QIP) issued following the inspection of 12th June 2014 was also examined by the inspector for compliance with requirements and recommendations.

The June 2014 quality improvement plan identified 20 requirements and 2 recommendations. The inspector can confirm that evidence was available to validate that compliance has been achieved in all requirements and recommendations.

Details of inspection findings can be viewed in the section immediately following this summary.

Conclusion

The inspector can confirm that at the time of this inspection the home were evidenced to be fully compliant with the requirements of the Failure to Comply with Regulation notices issued on 4 July 2014.

Significant improvements have been made to the notification process and staff display a greater understanding of what should be reported and how to report. There was also evidence that significant effort has been made by home management to ensure that all staff are fully aware of their responsibilities in respect of safeguarding of vulnerable adults and the associated reporting procedures.

Twenty requirements and two recommendations raised by inspection in June 2014 have also been fully complied with.

One requirement was raised as a consequence of this inspection in respect of the management of the environment and infection prevention and control risks of one identified bathroom on the ground floor. This matter has been referred to the aligned estates inspector.

The inspector would like to thank the registered manager and the regional manager and staff for their assistance and co-operation throughout the inspection process.

5.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	24	The registered person must ensure that the recording of complaints is fully completed in accordance with DHSSPS complaint guidance for complaint investigation.	The inspector can confirm that any complaints received by the home staff either verbal or in writing are appropriately managed in accordance with DHSSPS guidance.	Compliant
2	13 (1)(a)(b),	<p>The registered person must ensure that where there is any restrictive practice, robust and effective protocols are in place to evidence:</p> <ul style="list-style-type: none"> • Who was involved in the decision making? This must be recorded in sufficient detail. • Information on the identified risks with recorded information of other options which had been tried and why they were ineffective. • The monitoring and review process. 	<p>The inspector examined a number of patient nursing care records to validate how the use of restrictive practice was risk assessed, planned and reviewed.</p> <p>From the records examined the inspector can confirm that the appropriate action is being taken by the registered manager and the registered nursing staff. Records validate an appropriate assessment of need, informed consent given if able from the patient and clear records of an awareness of the reasons for such action shared with the patient's representative as required.</p> <p>Care plans were appropriately maintained and regularly reviewed.</p>	Compliant

3	16 (1)(2)(a)-(d),	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> • A pain care plan is completed for patients/residents receiving analgesia. • In addition care plans must consistently evidence the involvement of patients/residents and their representatives in planning and agreeing care. • Wound care and treatment is delivered as prescribed. 	<p>The inspector can confirm that patients requiring analgesia have an appropriate pain assessment undertaken. The effectiveness of the analgesia is monitored throughout the day and referral made as required to the patient's GP should a change in prescribed medication be required.</p> <p>Care plans examined evidenced involvement of patients and or their representatives in the development of their care plans.</p> <p>The inspector examined three care records belonging to patients who have wounds. The records evidenced a clear assessment of the wounds in line with professional guidelines, a dressing care plan which was updated at each dressing change and referral to the specialist tissue viability nurse (TVN) in the local HSC Trust.</p>	Compliant
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4	20(1)(a)(c)(i)(iii)	<p>The registered person must ensure that any nurse providing wound care to patients has been assessed and deemed competently in undertaking wound care safely.</p> <p>In addition all staff designated to work in the proposed dementia unit must receive dementia training and training on restrictive practices.</p> <p>Records of this process must be maintained</p>	<p>The inspector can confirm that a competency and capability of all registered nurses undertaking wound care is maintained.</p> <p>All staff working in the dementia unit on the lower ground floor have received dementia awareness training. This training is also in the process of being disseminated out to all other staff in the home.</p> <p>Training records are well maintained and were available for inspection as required.</p>	Compliant
5	15(1)(a)	<p>The registered person must ensure that an appropriate pain assessment tool is used for all patients receiving regular or occasional analgesia.</p> <p>The outcome of the pain assessment should then be used to influence the development of an individualised pain management care plan.</p>	<p>The inspector can confirm that appropriate pain assessment tools are being used. The assessment of pain and the effectiveness of analgesia is monitored daily.</p> <p>Care plans to guide staff on the management of pain were maintained as required. These care plans were evidenced to be subject to regular review.</p>	Compliant

6	17(1)	<p>The registered person must ensure that a robust system of audit is established and maintained for patient care records.</p> <p>The audit process should include the following;</p> <ul style="list-style-type: none"> • The audit should be undertaken on a regular and frequent basis, at least every 1-2 months. • The audit should include at least 10% of care records on each occasion. • Action plans with timescales and person/s responsible should be developed in response to findings / learning from audits carried out, re-audit should be undertaken in a timely manner. 	<p>The inspector examined the current system of care records audit and can confirm that it is sufficiently robust.</p> <p>The audit is undertaken on a regular basis and uses a sample of greater than 10% of files every 1-2 months.</p> <p>There was clear evidence of action plans being generated post audit and a re audit being carried out to check that staff have been compliant with improvements required.</p>	Compliant
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7	30 (1) and (2)	<p>(1) The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –</p> <p>(a) the death of any patient, in the nursing home, including the circumstances of his death;</p> <p>(b) the outbreak in the nursing home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be so notified;</p> <p>(c) any serious injury to a patient in the nursing home;</p> <p>(d) any event in the nursing home which adversely affects the wellbeing or safety of any patient;</p> <p>(e) any theft or burglary in the nursing home;</p> <p>(f) any accident in the nursing home;</p>	The inspector can confirm that the management of incident reporting is now addressed.	Compliant
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		<p>(g) any allegation of misconduct by the registered person or any person who works at the nursing home.</p> <p>(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 days of the oral report. An analysis of all reportable incidents which have occurred in the nursing home in the past six months should be forwarded to RQIA with the return of the QIP.</p>		
8	20(3)	The registered person must ensure that any registered nurse who takes charge of the home in the absence of the registered manager should have a competency and capability assessment undertaken on an annual basis or more frequently if deemed necessary.	The inspector can confirm that any registered nurse given the responsibility of being in charge of the home has completed a competency and capability assessment prior to holding this position.	Compliant

9	19	The registered person must ensure that the records required are available for inspection at all times	The inspector can confirm that all records as required are available for inspection.	Compliant
10	29 (3) & (5)a-d	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> • Inspection visits in keeping with regulation 29 shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced. • A copy of the Regulation 29 visit report should be available on request in the home in accordance with legislation. • Actions identified during regulation 29 visits should have identified time scales for completion. 	The inspector can confirm having reviewed a number of regulation 29 reports that these are appropriately maintained in the home and are available for inspection.	Compliant

11	17(1)	<p>The registered person shall ensure that the person identified with the responsibility for quality assuring the management of the home, maintains a robust oversight of the audits maintained in the home.</p> <p>Action plans to correct deficits identified from audits should be evidenced to be actioned as required.</p>	<p>The inspector can confirm that a robust system of audits is maintained by the registered manager.</p>	Compliant
12	29(5)(c)	<p>The registered person must ensure that all patients / residents and their representatives are made aware of the availability of the most recent unannounced regulation 29 report and/or the annual report.</p>	<p>The inspector can confirm that signposting to the most recent Regulation 29 inspection is now maintained on the patients' noticeboard area.</p>	Compliant

13	14(4)	<p>The registered person must make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse by:</p> <ul style="list-style-type: none"> • Ensuring that all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with legislation. • Ensuring all staff receive training on the role and function of the safeguarding team including their investigatory responsibility. • Ensuring all staff have access to the following documents; Safeguarding Vulnerable Adults Regional Adult Policy and 	<p>The inspector examined the training records for the home and a number of training evaluation reports which demonstrated that the training received was embedded into practice.</p> <p>Recent refresher training has been delivered over a number of different sessions to all staff as required.</p> <p>The content of the training was appropriate. Guidance documentation on the safeguarding of vulnerable adults is maintained in the home.</p>	Compliant
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		<p>Procedural Guidance Safeguarding Vulnerable Adults A Shared Responsibility (1st edition 2010) and Regional and Local Partnership arrangements (March 2010). Raising and escalating concerns NMC The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.</p>		
14	15(2)(b)	<p>The registered person must ensure that the assessment of the patient's need is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p>	<p>The inspector having examined a number of patient care records can confirm that the assessment of patient needs was evidenced to be reviewed and updated on a regular basis plus as required.</p>	Compliant

15	19(1)(a) Schedule 3 (3)(k)	<p>The registered person must ensure that contemporaneous records are maintained in each individual patient care record.</p> <ul style="list-style-type: none"> • Fluid intake and output if applicable are totalled over the 24 hour period and the totals achieved are evaluated daily in progress notes against the target assessed need. • Monthly weight checks must be recorded in the patient's individual care record. 	<p>The inspector having examined a number of patient care records can confirm that contemporaneous records are appropriately maintained.</p>	Compliant
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16	14(1)(b)	<p>The registered person must ensure that patients are referred to the appropriate multi professional team member when required.</p> <ul style="list-style-type: none"> • The identified patient with a non-prescribed wound dressing should be referred to the GP or appropriate wound care specialist. • The identified patients should be referred to GP for onward referral to the dietician. • The care manager should be informed in relation to one patient's fall and subsequent injury. 	The inspector can confirm that all appropriate referrals have been made as required.	Compliant
17	13(4)(b)	The registered person must ensure that medicines are administered as prescribed. Medicines must not be crushed or chewed without written authorization from the aligned GP.	The inspector was informed that actions have been taken to ensure that all medicines are administered as prescribed and referrals are made to the patient's GP should liquid medications be required.	Compliant

18	16(2)(b)	The registered manager must ensure that patients care plans are reviewed in light of the issues raised in section 5.3 of the report.	The inspector having examined a number of patient care records can confirm that patient care plan records are reviewed on a regular basis and updated as required.	Compliant
19	18 (2)(j)	The registered person must ensure that the identified corridor with a notable malodor is addressed with urgency.	The inspector can confirm that the identified corridor and associate malodour has been appropriately actioned.	Compliant

20	27(4)(b) &(c)&(d)(1)	<p>The registered person must ensure:</p> <ul style="list-style-type: none"> • Fire doors should not be wedged open. • Needs assessments should be carried out to establish if the doors to the two identified bed rooms require to be kept open. • Appropriate hold open devices linked to the fire detection and alarm system should be installed based on the outcome of the needs assessment. • Advice should be sought from the fire risk assessor for the home. 	<p>The inspector can confirm that there was no evidence of fire doors being wedged open at the time of the inspection.</p>	<p>Compliant</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28.1	<p>The nurse manager should ensure that each employee has a record of induction which is available for inspection at all times and provides the following information;</p> <ul style="list-style-type: none"> • Final statement of competency signed off by the registered manager. 	<p>The inspector can confirm that induction records are appropriately maintained and that a final statement of competency is recorded by the registered manager.</p>	Compliant
2.	11.6	<p>The nurse manager should provide information leaflets on skin care and prevention to patients/residents and their representatives.</p>	<p>The inspector can confirm that appropriate leaflets were available for patients and their representatives in the foyer of the home.</p>	Compliant

6.0 Additional findings

The inspector as part of the inspection process examined the general environment of the home. One identified bathroom on the ground floor of the home raised significant concerns in respect of the general hygiene of the room and a number of areas of surface damage requiring immediate actions. At the time of the inspection this bathroom was declared by the inspector to be not fit for purpose.

The areas of concern are detailed below;

- The wooden soil pipe / plumbing boxed enclosure behind the toilet was damaged beyond repair
- a number of male urinals were observed stored on top of the cistern
- multiple basins and commode pots stored inappropriately
- rubbish bagged and left lying on the floor
- a box of incontinence pads stored on the floor
- an overfull laundry skip dislodged off its trolley resting on the floor
- a significant hole noted in the wall behind the bathroom door

The inspector required the registered manager to place this bathroom out of use immediately and until appropriate remedial action could be taken. This matter was referred to the estates inspector.

A requirement is raised.

7. Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Suzanne Scott registered manager and Lorraine Thompson regional manager, 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:

**Linda Thompson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Enforcement Monitoring Inspection

Pond Park Care Home

22 August 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 Suzanne Scott registered manager and Lorraine Thompson regional manager either during or after 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.

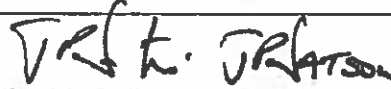
Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

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.

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	13(7)	<p>The registered person must ensure that the identified bathroom on the ground floor is maintained <u>out of use</u> until appropriate urgent remedial actions are taken to address the identified issues.</p> <ul style="list-style-type: none"> • All wall surfaces must be intact • The pipework boxing at the rear of the cistern must be replaced • Urinals and commode pots should be appropriately stored • Boxes of incontinence products must not be stored on the floor • Linen bags must not be overfilled • The floor of the bathroom should be free from stored items to facilitate ease of cleaning and minimise the risk of cross infection. <p>Ref section 7.0</p>	One	<p>The identified bathroom remained out of use until the appropriate urgent remedial actions were completed on 3rd September 2014.</p> <ol style="list-style-type: none"> 1. All wall surfaces are now intact 2. Boxing at rear of cistern has been replaced 3. Urinals and commode pots are stored appropriately 4. There are no boxes of incontinent products in the bathroom 5. Linen bags are removed once filled to an acceptable level 6. The bathroom floor is free of all items requiring storage 	By 29 August 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	Suzanne Scott
Name of Responsible Person / Identified Responsible Person Approving Qip	 Jim McCall DIRECTOR OF OPERATIONS 12.11.14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.	Hinda Thom	17/11/14
Further information requested from provider			

17/11/14