



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 24 October 2019



Pond Park Care Home

Type of Service: Nursing Home
Address: 2 Derrigahy Road, Lisburn, BT28 3SF
Tel No: 02892672911
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 58 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Bijini John – 18 June 2019
Person in charge at the time of inspection: Bijini John	Number of registered places: 58
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.	Number of patients accommodated in the nursing home on the day of this inspection: 44 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.

4.0 Inspection summary

An unannounced inspection took place on 24 October 2019 from 11.30 hours to 18.05 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Pond Park Care Home 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, 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, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified to ensure fire exits are kept clear and are free from obstruction, notices displayed throughout the home require to be laminated in order to adhere to infection prevention and control best practice (IPC) and regarding the safe storage of patient records.

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	2	*2

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Bijini John, Registered 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 21/22 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 21 and 22 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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 14 to 27 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two registered nurses' medication competency and capability records
- incident and accident records
- three patient care records
- four patient care charts including food and fluid intake, daily care and reposition 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 20 August to 26 September 2019
- 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 inspections

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 21 Stated: First time	The registered person shall ensure that a robust system is put in place to monitor the registration status of care staff with NISCC.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records dated 3 October 2019 evidenced that a robust system has been put in place to monitor the registration status of care staff with NISCC. 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 44 Stated: Second time	The registered person shall ensure that the following areas relating to the environment of the dementia unit are addressed: <ul style="list-style-type: none"> • Through the unit floors, skirting boards and walls were in need of more detailed cleaning or decoration. • In an identified ensuite the coving at the toilet was coming away from the wall. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the environment in the newly decorated dementia unit evidenced that the identified areas have been addressed. This area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that store cupboards are uncluttered, tidy and items are stored appropriately.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and observation of store cupboards throughout the home evidenced that they were uncluttered, tidy and items are stored appropriately. This area for improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that ensuites are effectively cleaned to adhere to best practice guidance in relation to infection prevention and control.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and observation of a selection of ensuites throughout the home evidenced that they were effectively cleaned to adhere to best practice guidance in relation to infection prevention and control. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all registered nursing staff have medication competency and capability records completed and reviewed annually.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of records of two registered nursing staff evidenced that medication competency and capability records have been completed and are reviewed annually. This area for improvement has been met.</p>		

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall review the system to ensure that personal medication records and medication administration records are accurate.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.	

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 registered 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 14 to 27 October 2019 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 registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

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 Pond Park Care Home. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned within the timescale specified and indicated they were very satisfied that staff had 'enough time to care'.

Two returned relative questionnaires included the following comments:

"As a family member I am very satisfied with the care and attention my mother has received since her admission three years ago."

“We are very happy with the care our dad receives. The staff are second to none. The difference since Bijini the new manager took over is fabulous. She is always on the floor communicating with relatives, staff and more importantly the residents.”

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 moving and handling, adult safeguarding, infection prevention and control (IPC), first aid and fire training. Registered nurses had attended training regarding wound care, venepuncture and male catheterisation.

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

We reviewed accidents/incidents records from 24 April to 4 June 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. It was noted that the dementia unit in the home had been redecorated. The registered manager advised that a refurbishment programme had commenced and was ongoing. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

An identified fire exit in Pond Park unit was observed to have eight wheelchairs and one walking aid stored in the area of the vestibule leading to the fire exit, that would cause an obstruction should the home need to be evacuated safely in the event of an emergency. In an identified corridor leading to the fire exit in Millennium unit, hoist slings were noted to be hanging on wall hooks. This was discussed with the registered manager who advised they would be moved to a more suitable location. An area for improvement under regulation was identified.

Information displayed on the notice boards in both Millennium unit and in Pond Park unit evidenced that they were not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the registered manager and an area for improvement under regulation was identified.

On inspection of Wallace Suite it was observed that a cupboard containing patient records and information was unlocked and easily accessed. This does not adhere to management of records in accordance with legislative requirements and best practice guidance. This was discussed with the registered manager who ensured the door lock was fixed on the day of inspection by the maintenance man, in order to keep confidential patient records safe. An area for improvement under standards 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, adult safeguarding and the home's environment.

Areas for improvement

Three areas for improvement were identified to ensure that fire exits are kept clear and free from obstruction, notices displayed throughout the home require to be laminated in order to adhere to infection prevention and control best practice (IPC) and regarding the safe storage of patient records.

	Regulations	Standards
Total number of areas for improvement	2	1

6.4 Is care effective?

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

Review of three patients' 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, modified diets and restrictive practice. Care records 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.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. 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. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of two patient repositioning charts, one daily care chart and one food and fluid chart evidenced that they were well maintained.

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

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

We observed the serving of the lunchtime meal in the Millennium dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. 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 a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. 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 menu for the day was displayed on each table in a suitable format.

Two patients commented:

- "Lunch was very enjoyable."
- "It's very nice. They give you too much food."

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

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

	Regulations	Standards
Total number of areas for improvement	0	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 so much for looking after ... so well during these past years and enabling her to live her final years with dignity and in comfort.”

During the inspection the inspector met with five patients, small groups of patients in the dining rooms and lounges, three patients’ relatives and four staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Pond Park Care Home. 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. Two questionnaires were returned and indicated they were very satisfied that care is compassionate.

Four patients commented:

- “It’s very good. I’ve no concerns.”
- “There’s not a thing wrong with this place or the staff.”
- “The nurses are very good. They do a good job.”
- “I’m settled and happy and have no concerns.”

Three patient’s representatives commented:

- “Dad has good and bad days due to his condition. He’s settled in well. I have nothing but good things to say about the staff.”
- “I couldn’t fault the staff as they’re all helpful. The home manager has done a good job with the home. She’s approachable and has made good changes. I couldn’t ask for better.”
- “We’ve loved it here since the day dad arrived. The staff are great and the home manager’s made positive changes.”

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

Discussion with the patient activity leader, patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

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 a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding complaints and infection prevention and control (IPC) practices including hand hygiene.

Discussion with the registered manager and review of records from 20 August to 26 September 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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

The registered 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/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bijini John, Registered 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 further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.4 (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure fire exits are kept clear and are free from obstruction.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Identified Wheel chairs were all removed from the fire exit area on the day of inspection. No issues have been identified since. Staff all made aware of the same, and this will be monitored during the daily walkaround.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All posters on display are now laminated, this will be monitored</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 29 Stated: First time To be completed by: 25 July 2018	<p>The registered person shall review the system to ensure that personal medication records and medication administration records are accurate.</p> <p>Ref: 6.1</p> <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>
Area for improvement 2 Ref: Standard 37 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: There is a Key pad on the nurses station door in the Nursing units. The filing cabinet in Wallace unit is always kept locked. This will be monitored on the daily walkaround.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care