Unannounced Care Inspection Report
3 March 2020

Pond Park Care Home

Type of Service: Nursing Home
Address: 2 Derriaghy Road, Lisburn, BT28 3SF
Tel No: 028 9267 2911
Inspector: Linda Parkes

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 nursing home registered to provide nursing care for up to 58 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd **Responsible Individual(s):** 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 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.
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. 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:** 45

4.0 Inspection summary

An unannounced inspection took place on 3 March 2020 from 10.50 to 17.50 hours.

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.

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, 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 and maintaining good working relationships.

Areas requiring improvement were identified regarding the health and welfare of patients to ensure that medication which is kept in the nursing home is stored in a secure place and regarding the contemporaneous recording of patient care plans.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Bijini John**,** 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 24 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 October 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 24 February to 8 March 2020
- incident and accident records
- three patient care records
- eight patient care charts including food and fluid intake charts, daily care, repositioning charts and bowel management charts
- two patients' personal medication records and medication administration records
- two patients' activity participation records
- a sample of governance audits/records
- complaints received
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 16 December 2019 to 12 February 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:** First time	The registered person shall ensure 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 the environment evidenced that fire exits are kept clear and are free from obstruction. This area for improvement has been met.	

Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and observation of notice boards throughout the home evidenced that notices displayed were laminated to minimise the risk and spread of infection. 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 29 **Stated:** First time	The registered person shall review the system to ensure that personal medication records and medication administration records are accurate.	**Met**
	Action taken as confirmed during the inspection: The registered manager advised that the accuracy of the personal medication records and medication administration records is checked at the time of ordering and receiving the monthly medication order. These records are also audited as part of the daily and monthly medication audits. We reviewed the personal medication records and medication administration records for two patients and found that they had been accurately maintained.	
Area for improvement 2 **Ref**: Standard 37 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager, observation of the environment and the filing cabinet in Wallace Suite evidenced 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. This area for improvement has been met.	

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 24 February to 8 March 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. 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.

A patient said, "The staff are all very attentive. No matter what I ask for, they get it straight away.''

Two patient 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 relative commented: "We're happy with the care and staff will inform us of any changes. They are approachable. We don't have any concerns but if we did, we would be confident that the home manager would address any concerns raised.''

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.

We reviewed accidents/incidents records from 29 October 2019 to 11 February 2020 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, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On inspection it was observed that the treatment room door in both Wallace Suite and Millennium Suite was unlocked and the registered nurse was not in the area. It was concerning that cupboards storing food supplements and patient medications were unlocked and easily accessed. It is extremely important that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients. This was discussed with the manager and the registered nurses on duty. An area for improvement was identified under regulation.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. 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

An area for improvement was identified regarding the health and welfare of patients to ensure that medication which is kept in the nursing home is stored in a secure place.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Review of three 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.

Two patient records reviewed evidenced 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 patients requiring modified diets, to direct staff in the provision of care. Records did not consistently reflect the international dysphagia diet standardisation initiative (IDDSI) recommendations. This was discussed with the registered manager. An area for improvement was identified.

We reviewed the management of medication, moving and handling of patients, falls, continence 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.

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 eight patient supplementary charts in relation to food and fluid intake, daily care, repositioning charts and bowel management charts were observed to be 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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

An area for improvement was identified regarding the contemporaneous recording of patient care records.

	Regulations	Standards
Total number of areas for improvement	1	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 all so much for what you have done and continue to do for my mum. I very much appreciate your love, care, unfailing good humour and dedication.''

During the inspection the inspector met with four patients, small groups of patients in the lounges, two patient's relatives and six 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. No questionnaires were returned within the timescale specified.

Two patients commented:

"I'm well looked after.''
"All's good and the staff are great. I have no worries. The food's very good. I don't have dessert at home but I do here and enjoy it.''

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

A staff member spoken with commented:

"They're all a good bunch of staff. The training's good. I'm enjoying my job, very much so.''

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Both Patient Activity Leader's (PAL's) spoken with were enthusiastic regarding forthcoming activities planned for the patients. One PAL was observed to facilitate a reminiscent session of looking at and discussing magazines of the past. Patients were responsive and appeared to be enjoying the experience. Two patient records regarding activity participation were reviewed and were well documented.

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 regarding the provision of activities and 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 their 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 manager.

Discussion with the 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 care plans and the use of bed rails. It was noted that there was no audit in place for the management of patients' bowel habits. The manager advised post inspection, that an audit is now in place.

Review of records from 16 December 2019 to 12 February 2020 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.

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 that no complaints had been received during February 2020.

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, 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	
Area for improvement 1 **Ref**: Regulation 13 **Stated:** First time **To be completed:** Immediate action required	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients. Ref: 6.3
	Response by registered person detailing the actions taken: All trained staff have completed supervision on storage of medications. will continue to be monitored with monthly audit Trained staff will ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for nursing health and welfare of residents.
Area for improvement 2 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 4 May 2020	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. Ref: 6.4
	Response by registered person detailing the actions taken: Named nurses will review all nutritional care plans and ensure they reflect international dysphagia diet standardisation initative recommendations and implemented immediately with consent from resident/ NOK .

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

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