

# Inspection Report

## 27 September 2023



## Richmond

Type of service: Nursing Home  
Address: 19 Seafront Road, Cultra, BT18 0BB  
Telephone number: 028 9042 6558

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Richmond Nursing Home Ltd	<b>Registered Manager:</b> Mrs Jennifer Turnbull
<b>Responsible Individual:</b> Mrs Sharon Ruth Radcliffe Bryans	<b>Date registered:</b> 18 July 2022
<b>Person in charge at the time of inspection:</b> Deputy Manager – Jesley Joseph	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Nursing Home (NH) 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  <b>34</b>
<b>Brief description of the accommodation/how the service operates:</b> This home is a Registered Nursing home which provides nursing care for up to 35 patients. The patients' bedrooms are located over three floors in the home and patients have access to communal lounges, dining room and garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 27 September 2023 from 9.30 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

As a result of this inspection two areas requiring improvement were identified. Please see the Quality Improvement Plan (QIP) in section 6 for further details.

Addressing the areas for improvement will further enhance the quality of the care and services in Richmond.

### 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

### 4.0 What people told us about the service

Patients told us they liked living in the home. A number of patients spoke positively about the care that they received. One patient said, "Its excellent, exceptionally clean and I'm very happy, and they (staff) go above and beyond", however, one patient commented that call bells were not always answered in a timely manner. Whilst patients' needs were responded to in a timely manner throughout the inspection, the comments made, were shared with the management for review and action as appropriate. Patients who were less able to tell us about how they found life in the home were seen to appear comfortable and relaxed in their surroundings.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management to allow patients, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. There were no responses received to the questionnaires or online staff questionnaire.

## 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 15 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) (b) (c) <b>Stated:</b> First time	The registered person shall ensure as far as reasonably practicable unnecessary risks to health and safety of the patients is identified and so far as possible eliminated.  This is stated in reference to the storage of thickening agents within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> Second time	The registered person shall ensure that the raised toilet seats and commodes in the home are effectively cleaned following each use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	The registered person shall ensure that all staff complete relevant training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>Individualised risk assessments for each patient are completed within 24 hours of admission and care plans are completed within five days of admission to the home.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that when restrictive practices are used, prevention strategies are evidenced and in place to minimise the need for the use of restrictive interventions and are reflective of the patient's needs.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the deployment of staff throughout the home to ensure the number and ratio of staff on duty meets the needs of patients at all times. Specifically, during the lunch time meal.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure robust arrangements are in place with regard to maintaining the temperature of all meals served to patients when dining in their bedrooms.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Area for improvement 7</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure assistance is provided at meals in a timely manner and that patients are provided with a varied diet which meets their individual dietary needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time	The registered person shall review the system in place for maintaining oversight for those patients requiring a DOLS.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Discussion took place with management to further develop the pre-employment checklist; this will be reviewed at a future inspection.

The duty rotas accurately reflected the staff working in the home over a 24-hour period and identified the person in charge when the manager was not on duty.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the management confirmed that training compliance was kept under review.

Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment; review of a sample of these records confirmed these had been completed as required.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. Supervision and appraisal records were regularly reviewed to ensure staff received their supervisions and appraisal.

It was observed that staff responded to requests for assistance promptly in a caring compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were observed to be skilled in communicating with the patients and to treat them with patience and understanding.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required. It was observed that, where required, there were care plans in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use as directed.

Management of wound care was reviewed and confirmed that wound care was managed in keeping with best practice guidance.

Continence assessments were completed on admission and informed the continence care plans. Discussion with one patient and review of records, evidenced inconsistencies in care delivery. This was discussed with management for immediate review; an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. Staff were knowledgeable in regards to patients' nutritional requirements.

Lunch served in the dining room was an opportunity for patients to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal.

Staff attended to patients' dining needs in a caring and compassionate manner. Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required. There was a calm atmosphere in the dining room and patients spoke positively on the meal time experience.

Mealtimes Matter is a regionally agreed Health and Social Care (HSC) framework to maximise service user safety during mealtimes. A discussion took place with management to further enhance the role of mealtime co-ordinator and the principal of "safety pause", this will be reviewed at a future inspection.

Observation noted that not all staff wore the appropriate personal protective equipment (PPE) when mobilising patients to the dining area and when assisting during the mealtime. This is further discussed in section 5.2.3.

Staff maintained a record of what patients had to eat and drink, as necessary.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual preferences were reflected throughout the records.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated.

The home was observed to be clean, tidy and had no malodours; patients and staff said the home was cleaned regularly. Observation identified some areas required updating, for example replacement of carpet in an identified area. This was discussed with management, who confirmed that refurbishment will be undertaken as identified in their ongoing refurbishment plan. This will be reviewed at a future care inspection.

Corridors and fire exits were observed to be clear of clutter and obstruction, however, observation of the dining room identified inappropriate storage. This was brought to the attention of management and immediately addressed. Discussion with management took place to further develop the audit pertaining to the environment, to ensure robust monitoring of storage arrangements. This will be reviewed at a future inspection.

Patients' bedrooms were personalised with items important to them reflecting their individuality.

Review of records, noted that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided, however, observation as discussed in section 5.2.2, evidenced that not all staff were compliant with appropriate PPE use. This was discussed with management for review and action; an area for improvement was identified.

### **5.2.4 Quality of Life for Patients**

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients. Patients appeared to be content and settled in their surroundings.

Discussion with staff and management confirmed that a range of planned activities were available for patients to attend and discussion with patients confirmed they were able to choose how they spent their day. For example, some patients preferred to spend their day in their bedroom reading or watching television, whilst some chose to go to a communal area. An activity planner was on display and observation noted that patients were participating and enjoying a musical session; they spoke positively in relation to the genre of music.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.



### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Ciara O Neill was the Acting manager at the previous inspection, however, Mrs Jennifer Turnbull resumed her Registered Manager position on 5 June 2023. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

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

A system was in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

The home was visited each month by a representative of the responsible individual 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 available for review, however, the action plan should be further developed to evidence a meaningful review of any identified actions, this will be followed up at a future inspection.

### 6.0 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 and/or the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<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 of improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• Appropriate use of personal protective equipment</li> </ul> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            All staff have attended additional infection prevention training following the inspection and ongoing audits are being carried out to ensure a high standard of IPC.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure all staff (where applicable) are aware of the patients' preferences and assessed continence needs in regards to care delivery.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Elimination care plans outline residents continence needs. Continence assessments are in place to identify preferences, they are reviewed and updated monthly and more frequently as needs change. Care plans detail how a resident would ask for assistance to the toilet, whether they have the capacity to use a call bell or if they require staff to check in on them more frequently. Care staff have supplementary records to show the frequency of when continence needs are met. These records are completed in a timely manner. Supplementary records are monitored by nurse in charge daily.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care