

Inspection Report

9 November 2023



Tudordale Care Home

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited Responsible Individual Mrs Ruth Burrows	Registered Manager: Ms Georgeta Rotaru – not registered
Person in charge at the time of inspection: Ms Georgeta Rotaru	Number of registered places: 45
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 42
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 45 patients. Patients bedrooms are all situated at ground floor level and there is access to communal lounges, dining areas and an internal communal garden.	

2.0 Inspection summary

An unannounced inspection took place on 9 November 2023 from 9.30 am to 6.10 pm by two care inspectors. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Tudordale Care Home was provided in a compassionate manner by staff that knew and understood the needs of the patients.

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

3.0 How we inspect

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

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

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

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

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

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "I am very happy here indeed. I get on well with everyone", while another patient said, "I like the fresh cream buns." A further patient said, "I like it here. The staff are good and the food is very good."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I am very happy with the care. I was involved in a recent meeting about my relative. This is the best home they have been in." Another relative said, "They (the staff) are brilliant. They explain everything to me and take good care of my relative."

Staff spoken with said that Tudordale Care Home was a good place to work. One staff member said, "The teamwork is great here; I love the residents" while another staff member said "I love the wee residents." Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

5.0 The inspection

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

The last inspection to Tudordale Care Home was undertaken on 19 January 2023 by a pharmacist inspector; no areas for improvement were identified.

Areas for improvement from the last inspection on 19 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure that patient's care plans are kept under review to reflect any change in their assessed care needs. This area for improvement is made with specific reference to the management of weight loss.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none">• donning and doffing of personal protective equipment• appropriate use of personal protective equipment• staff knowledge and practice regarding hand hygiene.	Partially met
	<p>Action taken as confirmed during the inspection: Observation of staff practice and discussion with staff evidenced some improvements against this area for improvement.</p> <p>However, further work is required to achieve compliance.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39.9 Stated: First time	<p>The registered person shall ensure that mandatory training requirements are met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that pre-employment checks had been completed prior to each staff member commencing in post. Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. However, review of induction records for agency staff confirmed that not all agency staff had an induction delivered and recorded. An area for improvement was identified.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

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

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

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

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

Patients spoke positively about the care that they received and staff were observed attending to them in a timely manner. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed. Minor shortfalls in record keeping of identified records were discussed with the manager who agreed to monitor completion of these records.

Management of wound care was examined. Review of a selection of patients' care records confirmed that wound care was managed in keeping with best practice guidance.

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

Review of the management of falls evidenced that the appropriate actions were taken following the fall in keeping with best practice guidance and that the appropriate persons had been notified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used.

Examination of a selection of topical medicine administration records identified significant gaps in recording and a lack of oversight from registered nursing staff. Review of medicine administration records evidenced that not all topical medicines had been accurately transcribed to the record for the weekly cycle for an identified patient. This was discussed with the manager who agreed to address these matters with staff. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

It was noted that a menu was not displayed in a suitable format. This was discussed with the manager who confirmed in an email received following the inspection that a pictorial menu had been implemented to meet the needs of all patients in the home.

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

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs. Minor shortfalls in record keeping were discussed with staff and addressed satisfactorily before the end of the inspection.

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

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

While supplementary care records were generally well completed, shortfalls were identified in completion of personal care records. The manager agreed to review the system currently in use to ensure an accurate record is maintained. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean, tidy and fresh smelling. Many patients' bedrooms were personalised with items important to them.

Minor shortfalls in the cleaning of the environment were noted while a small number of shower chairs required replacing. These issues were discussed with the manager who arranged for the deficits to be addressed before the end of the inspection.

The following issues were observed. Domestic cleaning trolleys, which were stocked with cleaning fluid, were not appropriately supervised on at least three occasions. The treatment room was observed to be unlocked with access to medicines and sharps; the sharps box had not been assembled appropriately. An oxygen cylinder was observed to have been unsafely stored. These incidents posed a potential risk to patients' health and wellbeing and were discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. Monthly fire drills had been conducted and reports of the fire drills were available for review. A fire risk assessment had been completed 5 May 2023.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE throughout the home, although, hand sanitisers were not always readily available at PPE stations, dining rooms and lounges. This was discussed with the manager who agreed to review the provision of hand sanitisers and have additional dispensers as required.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided; improvements in staff practice and knowledge were noted since the last care inspection. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the doffing of PPE. This was identified as an area for improvement at the last care inspection; this is stated for a second time.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients preferred the privacy of their bedroom but would enjoy going to the dining room for meals.

Patients were observed listening to music and watching TV, while others enjoyed a visit from relatives. Patients enjoyed pom pom exercises and dancing in the morning with skittles delivered in the afternoon by the activity co-ordinator.

There was evidence that planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included upcoming birthday celebrations of patients in the home and the dementia barber. Patient's arts and crafts relating to Remembrance Sunday events were displayed in the home.

Although there was evidence of planned activities, examination of activity records confirmed that further work was required to evidence delivery of activities on a consistent basis to all patients.

Review of the staff duty rota evidenced that no staff had been allocated as an activity champion in the absence of the activity co-ordinator. The activity planner was not in a suitable format to meet the needs of all patients. In addition, there was no evidence that the activity programme delivered had been reviewed recently in consultation with the patients or that it reflected their likes and preferences. Examination of records evidenced that individual activity assessments with associated person centred activity care plans were not consistently in place and evaluations of activity delivery was not consistently recorded.

This was discussed with the manager who confirmed activity provision had been identified internally as an area for review and this was being addressed by senior management. Given these assurances and to allow time for activity provision to be reviewed, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

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

There has been no change in the management of the home since the last inspection. Ms Georgeta Rotaru has been the acting manager in this home since 7 March 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional operations manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Thank you cards were on display and the manager confirmed that verbal compliments received would be shared with staff. The manager also confirmed that they are working on further ways to enhance the recording of compliments received in the home.

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

A review of the records of accidents and incidents which had occurred in the home found that these were well managed and reported appropriately.

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

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 the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	*3	2

*The total number of areas for improvement includes one that has been stated for a second time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>IPC audits are being completed once a week which includes observation of staff practice. Any areas identified for improvement will be addressed at the time. Management staff are completing daily walkrounds audits and reminding staff of hygiene and protection/prevention measures. Donning and doffing and, appropriate use of personal protective equipment has been discussed in Flash Meetings held on 20th November 23. Supervisions have been completed with staff on 24th November 23. Compliance will be monitored during regulation 29 visits carried out by the Operations Manager.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure suitable arrangements for the recording and safe administration of topical medicines.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Individual Resident folders have been put in place which contain all appropriate supplementary charts, including the topical administration charts (TMAR) specific to each Resident. During the shift the senior care assistant is checking TMARs to ensure completion and reporting to the nurse in charge. The 24hr shift report is being completed by the nurse in charge, including actions for follow up. Charts are being spot checked by management and any actions identified for improvement are being checked by the manager to ensure completion. Compliance will be monitored through regulation 29 visits.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the home is kept free from hazards and avoidable or unnecessary risks.</p> <p>This area for improvement is made with specific reference to ensure that:</p> <ul style="list-style-type: none"> • cleaning chemicals are kept under supervision • treatment room doors are locked when not in use • sharps boxes are assembled and managed in keeping with best practice guidance • oxygen cylinders are stored in a safe and secure manner at all times. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Domestic Staff have been provided with a locked box in which they can store the cleaning solution and take the box with them when going into rooms to clean. Supervision has been completed with staff on 28th November 23 to discuss best practice in relation to health and safety and minimising potential risks. Management staff are monitoring for potential risks during daily walkabout, including ensuring that the treatment room door is locked when room not in use, sharp boxes are correctly assembled, oxygen cylinders are safely secured and that chemicals are kept under supervision. The treatment room and management of equipment and supplies is also being monitored and recorded as part of the manager's monthly assessment of the treatment room. Compliance will be monitored during the completion of the Regulation 29 visits.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure orientation and induction records are retained for all agency staff.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A discussion was held with nurses during their nurse in charge competency, regarding their responsibilities to ensure that agency staff receive orientation and complete the induction programme. Agency staff profiles are being printed and given to the nurse in charge to identify staff and complete the orientation and induction programme. The manager will verify and retain the information in a designated, easily accessible file for inspection. This is being monitored during regulation 29 visits.</p>

Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that personal care records are accurately maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: The importance of accurately recording personal care records has been discussed with staff on 20th November 23. The Senior care assistant/nominated Care Assistant on shift is checking on a daily basis the completion of food and fluid charts, reposition charts, skin charts and personal care records and will inform the nurse in charge of findings. The nurse in charge is completing the 24hr shift report including any follow up taken. The manager is checking charts during walk about and addressing any issues with staff at the time. This is being monitored during regulation 29 visits.

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