

# Announced Care Inspection Report 11 June 2020



## Tudordale

**Type of Service: Nursing Home (NH)**  
**Address: 294 Holywood Road, Belfast BT4 1SG**  
**Tel No: 02890651336**  
**Inspector: Gillian Dowds**

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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 nursing home registered to provide care for up to 45 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare	<b>Registered Manager and date registered:</b> Bijini John
<b>Responsible Individual:</b> Maureen Claire Royston	Acting Manager – registration pending
<b>Person in charge at the time of inspection:</b> Ruth Burrows Head of Operational Quality	<b>Number of registered places:</b> 45
<b>Categories of care:</b> NH-DE	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32

### 4.0 Inspection summary

A short notice announced inspection took place on 11 June 2020 from 09:30 to 18:30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- The internal environment and infection prevention and control(IPC)
- Staffing
- Care delivery
- The dining experience for patients
- Care records
- Governance and management.

The majority of the patients spoken to during the inspection were happy with their care. Comments received such as:

- Staff are “awful good, they come in and talk to you they are brilliant.”
- I “feel safe, well looked after, very good.”
- Staff are “friendly.”

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.

## 4.0 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	*3

\*The areas for improvement include three which have been stated for a second time and one which has been carried forward to be reviewed at a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ruth Burrows, Head of Operational Quality, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report.

The following records were examined during the inspection:

- Staff rota from 8 to 21 June 2020
- Four patients' care records
- Two patients' supplementary care charts
- A sample of governance audits.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, not met or carried forward to the next care inspection.

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 February 2020.

<b>Areas for improvement from the last inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> Second time <b>To be completed by:</b> 10 May 2020	<p>The registered person shall ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is in respect of mobility; falls risk assessments and behavioural needs.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The records reviewed indicated that patients' care needs were accurately assessed and that comprehensive care plans were in place in regard to mobility; falls risk assessments and behavioural needs.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time <b>To be completed by:</b> Immediately from day of Inspection	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observations of the environment and discussion with the head of operational quality confirmed that this area was met.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> First time <b>To be completed by:</b> 30 May 2020	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements and current best practice, specifically infection prevention and control and hand hygiene audits.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A system of audits was in place; however, in some instances where a deficit was identified, an action plan had not been developed.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 and 23 <b>Stated:</b> Second time <b>To be completed by:</b> 20 May 2020	The registered person shall ensure that the information written in patients' supplementary care records, including repositioning records and nutritional records is an accurate record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of supplementary records evidenced that these had been completed accurately by staff.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 25 <b>Stated:</b> Second time <b>To be completed by:</b> 20 May 2020	The registered person shall ensure that staff complete further training in respect of the principles of care, the home's core values and communicating with a person living with dementia.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the Covid-19 pandemic, face to face training had not taken place and is to be rescheduled.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> Immediately from day of inspection	The registered person shall ensure that staff pay attention to patients' personal appearance and provided assistance as required throughout the day.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Improvement had been identified however further attention to detail is required in regard to attending to hair and facial hair.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> immediately from the day of inspection	The registered person shall ensure that those patients who require a modified diet are offered a choice of meals at mealtimes, in keeping with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was observed that two menu options were offered to those who require a modified diet.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> Immediately from day of inspection	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient in accordance with NMC guidelines. Registered nurses should have oversight of the supplementary care records.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records highlighted a number of discrepancies in regard to this area for improvement; these findings are discussed further in section 6.2.5.  This area for improvement has not been met and is stated for a second time.	

## 6.2 Inspection findings

### 6.2.1 The internal environment and infection prevention and control (IPC)

We observed a sample of patients' bedrooms, bathrooms, sluices and communal lounges. We observed that they were generally well presented and personalised effectively. We observed that personal protective equipment (PPE) was available throughout the home and that PPE donning (putting on) and doffing (taking off) stations had been identified; we also noted that written PPE guidance was available to staff to assist them, as needed. Staff confirmed that they had received training in the donning and doffing of PPE and that they had been supported by the Belfast Health and Social Care Trust staff (BHSCT) with this aspect of care.

We observed that there was ongoing refurbishment in the home and that a number of bedrooms had been painted or were in the process of being painted.

It was evident that a deep clean of the environment had taken place following the recent Covid-19 outbreak in the home. We were advised that agency staff had been employed to assist with this.

### 6.2.2 Staffing

We reviewed the staffing rotas and identified that the planned staffing levels had generally been adhered to. We observed that there had been a reduction of the staffing levels due to a decrease in the occupancy of the home. One patient spoken with raised concern in regard to staffing levels advising that staff could be "a bit slow" when responding to patients' needs. Staff advised us that they felt busy and under pressure, particularly in the afternoon/evening time.

Staff comments also included the following remarks:

- "Staffing in the evening is a problem – it can be difficult to attend to everyone."
- "It's very hard due to the dependency."

- “The morning is not bad, later we have difficulty.”

We discussed all concerns raised by patients and staff with the head of operational quality who agreed to address this. We were advised that the management team had recently reviewed staffing levels which resulted in an additional care assistant being rostered from 16.00 – 20.00 hours to assist during the busy evening period.

### **6.2.3 Care Delivery**

We observed staff attending to patients’ needs in a caring manner. Improvement was noted with regard to staff attending to patients’ personal appearance; however, further improvement was required, for example, attending to facial hair and hair. The delivery of personal care in these specific areas was discussed with the head of operational quality and an area for improvement was stated for a second time.

We observed positive interactions between staff and patients in the communal lounges. One patient told us that staff did not “knock the door” before entering their bedroom. We discussed with the head of operational quality, who stated that planned training in regards to the principles of care, the home’s core values, and communicating with a person living with dementia, had to be postponed due to the ongoing Covid-19 outbreak. The head of operational quality confirmed that training would be rescheduled once they could avail of face to face training. We were advised that staff are still supported by means of ongoing supervision and online training. An area for improvement in this regard has been carried forward to the next care inspection.

### **6.2.4 Dining Experience of patients**

We reviewed serving of the lunch time meal. We observed staff assisting patients in a calm and friendly manner. Staff were observed wearing PPE appropriately. Staff were aware of the patients’ dietary needs. We observed that there was a choice of meal for patients who require a modified diet. We discussed the dining experience with the head of operational quality who advised that the Four Seasons Health Care patient experience team were currently assisting staff in reviewing the dining experience for patients.

### **6.2.5 Care records**

We reviewed the care records for two patients in regard to falls and in relation to their mobility needs; we found that the care plan and relevant risk assessment were updated as required. We reviewed one record for a patient who may have a distressed reaction; we found that this care plan was descriptive of the patient’s needs.

We reviewed the care records for the management of three wounds. We found deficits in the ongoing assessment of two wounds with no care plan in place for one. An assessment of both wounds was undertaken at the time of the inspection as the date of the last dressing change could not be determined from the wound care documentation. We discussed this with the head of operational quality, who agreed to address this with the staff. Wound care formed part of an action plan subsequently submitted to RQIA. An area for improvement was made in relation to wound care and a further area for improvement in relation to the wound care audits.

We reviewed supplementary care records pertaining to food and fluid intake and repositioning of patients. The records reviewed were completed in a timely manner. However, this was not



reflected in the daily evaluation of care by the registered nurses. An area for improvement was stated for a second time.

We reviewed a care plan for one patient who required repositioning and identified that this was not documented on the appropriate recording chart. This was discussed with the nurse and the correct chart was put in place.

### 6.2.6 Governance

A new manager has been appointed since the previous care inspection; RQIA had been appropriately notified of this change and an application for registration has been received.

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. These audits were in place to monitor the quality of the service provided. However, in some audits where a deficit was identified, a corresponding action plan was not in place to address this. An area for improvement in this regard was partially met and has been stated for a second time.

#### Areas of good practice

Areas of good practice were identified in relation to staff interaction with patients and the personalisation of patients' bedrooms. Further areas of good practice were also observed in regard to the availability and use of PPE.

#### Areas for improvement

A further area for improvement was identified in regard to wound care and wound care audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.3 Conclusion

During the inspection we observed positive interactions with patient and staff. The environment was observed to be clean and clutter free.

Following the previous inspection an action plan was submitted to address the necessary improvements. Whilst some improvements had been made further discussions were held with the head of operational quality following this inspection.

Following this discussion a revised action plan was submitted to RQIA to drive further improvement within the home. This will be reviewed at the next care inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth Burrows, Head of Operational Quality, 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.

<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 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 July 2020	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements and current best practice, specifically infection prevention and control and hand hygiene audits.</p> <p>Ref: 6.1 &amp; 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Governance audits are implemented and maintained. An action plan is developed after each audit. This is reviewed as part of the Regulation 29 visit.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and going from day of inspection	<p>The registered person shall ensure that the following is in place in relation to wound care for all patients:</p> <ul style="list-style-type: none"> <li>• That care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any multi-professional recommendations which should be available in the patient's care record.</li> <li>• That nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards.</li> </ul> <p>Ref: 6.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            A robust system is in place to check the compliance in relation to wound documentation. This is spot checked by the Manager for compliance.            Wound care training has been completed with all trained staff and pressure ulcer training is ongoing.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and going from day of inspection</p>	<p>The registered person shall ensure that a robust governance process is implemented to ensure that wound care within the home is effectively delivered to patients in accordance with their assessed needs, care standards and current best practice.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A wound Traca has been completed for each wound and the documentation is regularly spot checked.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 May 2020</p>	<p>The registered person shall ensure that staff complete further training in respect of the principles of care, the home's core values and communicating with a person living with dementia.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing from the day of inspection</p>	<p>The registered person shall ensure that staff pay attention to patient's personal appearance and provided assistance as required throughout the day.</p> <p>Ref: 6.1 &amp; 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The presentation of residents is spot checked by the Manager and personal care records are reviewed for completion. Any identified issues are addressed immediately.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing from the day of inspection</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient in accordance with NMC guidelines. Registered nurses should have oversight of the supplementary care records.</p> <p>Ref: 6.1 &amp; 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Home Manager completing daily walk about and compliance is monitored. Nurses oversight on the supplementary charts is evident on residents progress records.</p>

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



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