



Unannounced Care Inspection Report 29 August 2018



Tudordale

Type of Service: Nursing Home (NH)
Address: 294 Holywood Road, Belfast, BT4 1SG
Tel No: 028 9065 1336
Inspector: Kieran McCormick

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Rosalind Morrison
Person in charge at the time of inspection: Rosalind Morrison – Registered manager	Date manager registered: 3 January 2018
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 45

4.0 Inspection summary

An unannounced inspection took place on 29 August 2018 from 09.45 to 16.15 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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 in relation to the holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding, the dining experience of patients, governance arrangements and infection prevention and control (IPC) practices. Other notable areas of good practice were also found in relation to record keeping, teamwork, understanding of roles and responsibilities and completion of Regulation 29 monitoring visits.

Areas requiring improvement were identified and include the appropriate skill mix of staff over a 24 hour period, environmental issues, assessment of fluid intake for those patients requiring fluid monitoring and the communal use of specific clothing items.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Rosalind Morrison, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 27 June 2018

The most recent inspection of the home was an unannounced finance management inspection undertaken on 27 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector and lay assessor met with 11 patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

A lay assessor was present during the inspection and their comments are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 20 August to 2 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- supplementary patient care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints/concerns record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 27 June 2018

The most recent inspection of the home was an unannounced finance management inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 21 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection.	Met

	<p>Action taken as confirmed during the inspection: Infection control practices observed on the day of inspection were in keeping with best practice guidance.</p>	
<p>Area for improvement 2 Ref: Standard 12 Stated: First time</p>	<p>The registered provider shall ensure that food and fluid intake records reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records.</p> <p>Action taken as confirmed during the inspection: Review of a sample of patients' care records evidenced that the food and fluid records were contemporaneously maintained and that fluid total was reflected in daily progress notes.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 20 August to 2 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff who met with the inspector were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Tudordale. However the inspector noted that the required skill mix of registered nurses to care staff for the home was not adhered to over a 24 hour period. This was discussed with the registered manager and an area for improvement under the standards was made.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The registered manager was the identified adult safeguarding champion and had completed training for this.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from May to July 2018 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.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, fresh smelling and clean throughout. However a number of environmental issues were identified including:

- skirting loose in two identified toilet/bathroom areas
- a single commode noted with rust
- water tap constantly running in an identified patient bedroom
- chipped paint on handrails throughout the home.

These matters were discussed with the registered manager and an area for improvement under the standards was made. Fire exits and corridors were observed to be clear of clutter and obstruction.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management, adult safeguarding, infection prevention and control practices, governance and risk management.

Areas for improvement

Two areas for improvements under the standards were identified in relation to staffing skill mix and environmental issues.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Review of three patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. However nutrition care plans did not reflect the prescribed/assessed fluid target for individual patients, this was discussed with the registered manager and an area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to liaising with other members of the multi-professional team, teamwork and communication between patients and staff.

Areas for improvement

The following area was identified for improvement in relation to the assessment of fluid intake for those patients requiring fluid monitoring.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 09.45 and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining room or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. Discussion with the registered manager and staff confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients' varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

Discussion with patients and staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The home was currently completing with patients and their families a 'Living my choices memory book'.

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.

Observations in the laundry area evidenced that 'net pants' stockings and socks were being laundered and used communally in the home. An area for improvement in this regard has been made under the standards.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. The tables were appropriately set with cutlery and condiments. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer.

Cards and letters of compliment and thanks were displayed in the home. Comments on one thank you card included:

“...to all the staff thank you for looking after our dad for the past two and half years. You all were wonderful with him, we could not have asked for a better place”.

Consultation with 11 patients individually, and with others in smaller groups, confirmed that they were happy and content living in Tudordale. 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.

Responses from four patient questionnaires indicated that respondents were very satisfied with the delivery of safe, effective, compassionate and well led care. Comments on returned questionnaires included:

“...the staff are very kind and helpful”

“...there is not very much to do during the day – sometimes feel bored”.

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, staff knowledge of patients’ wishes, preferences and assessed needs.

Areas for improvement

An area for improvement was identified in relation to the communal use of net pants, stockings and socks within the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The certificate of registration issued by RQIA was appropriately displayed in the home. The registered manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there have been no changes in management arrangements. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager and a 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 accidents/incidents, IPC practices and care records. In addition, robust measures were also in place to provide the registered manager with an overview of the management of wounds, restraint and use of bed rails.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Rosalind Morrison, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that at all times a minimum skill mix of at least 35% registered nurses is maintained over a 24 hour period.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The skill mix in the Home has been reviewed to ensure that at least 35% registered nurses is maintained over a 24 hour period. The off duty rota will be monitored on an ongoing basis by the Regional Manager to ensure compliance.</p>
Area for improvement 2 Ref: Standard 43 Stated: First time To be completed by: 30 September 2018	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A painting programme is now in place in order to address areas identified at inspection and a timescale included to ensure this is achieved. The Property Manager has arranged for specialist flooring contractors to address any loose skirting in the bathrooms/toilets. The taps identified as needing attention have been replaced.</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: Immediate action required	<p>The registered person should ensure that patient nutrition care plans reflect the prescribed/assessed fluid target for individual patients who are in receipt of fluid intake monitoring.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Those patients requiring fluid intake monitoring have their targets calculated on the basis of what their normal intake is averaged over a period of time and then reflected in their care plans. The registered manager is spot checking the care plans and fluid targets during daily walkabout for compliance.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that net pants, stockings and socks are provided for each patient's individual use and not used communally.</p> <p>Ref: Sections 6.6</p>
<p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Any items of clothing unnamed have been identified and distributed to the appropriate patient. Net pants, stockings and socks are not being used communally.</p>

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



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

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

Assurance, Challenge and Improvement in Health and Social Care